



COUNTY BOROUGH OF SOUTHEND-ON-SEA

---

# ANNUAL REPORT

ON THE WORK OF THE

PUBLIC HEALTH DEPARTMENT

AND

THE SCHOOL HEALTH SERVICE

For the Year 1948





COUNTY BOROUGH OF SOUTHEND-ON-SEA

=====

# ANNUAL REPORT

ON THE WORK OF THE

PUBLIC HEALTH DEPARTMENT

AND

THE SCHOOL HEALTH SERVICE

For the Year 1948



COUNTY BOROUGH OF SOUTHEND-ON-SEA

---

HEALTH COMMITTEE  
from 5th JULY, 1948

*Chairman:*

The Worshipful the Mayor, Alderman S. F. Johnson, J.P.

*Vice-Chairman:* Alderman W. H. Calvert.

Alderman F. Cause.

Alderman Mrs. M. Broom.

Alderman Mrs. C. Leyland, M.B.E.

Alderman J. J. Sullivan.

Alderman T. G. Tyler, M.M.

Councillor W. Bray.

Councillor B. S. Clarke, M.P.S.

Councillor G. R. Croxall.

Councillor Mrs. W. M. Dalwood.

Councillor Mrs. M. E. Harvey.

Councillor Mrs. E. M. Oxley.

Councillor H. M. Royle, F.C.S.

Councillor A. Crush.

Councillor A. E. Hill, J.P.

*Co-opted Members:*

W. R. Masters, Esq.

H. W. Cooper, Esq., J.P.

Dr. L. Gordon Hopkins, J.P.

CARE AND AFTER CARE WELFARE SUB-COMMITTEE

from 5th JULY, 1948.

The Council Members of the Health Committee, together with Mrs. S. Sylvester, W. R. Masters, Esq., and Revd. J. D. Mann.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE

from 5th JULY, 1948.

The Council Members of the Health Committee, together with Mrs. A. E. Jarvis, Miss M. E. Reay, C.B.E., J.P., and Dr. L. Gordon Hopkins.

RESIDENTIAL ACCOMMODATION SUB-COMMITTEE

from 5th JULY, 1948.

The Council Members of the Health Committee, together with Mesdames A. E. Jarvis, F. E. Monk and H. M. Treby-Harvey.

## CHILDREN'S COMMITTEE

The Worshipful the Mayor (Alderman S. F. Johnson, J.P.).

*Chairman:* Alderman W. H. Calvert.  
Alderman F. Cause.  
Alderman Mrs. C. Leyland, M.B.E.  
Councillor W. Bray.  
Councillor Mrs. W. M. Dalwood.  
Councillor E. C. Jones, M.C., J.P.  
Councillor P. B. Renshaw, I.S.O.  
Councillor Mrs. E. M. Oxley.  
Councillor H. M. Royle, F.C.S.

*Co-opted Members:*

Miss M. E. Reay, C.B.E., J.P.  
A. B. Kelly, Esq.  
Mrs. S. Whistler.  
Mrs. K. Tweedy Smith, J.P., R.R.C.

## ANNUAL REPORT

I have the honour to present a report on the work of the Public Health Department, compiled in accordance with Ministry of Health Circular No. 3/49.

The Registrar-General's estimate of the mid-year population was 148,300, an increase of nearly 4,000 on the previous year. On December 31st the estimated population was 148,400.

As was expected, there was a fall in the number of births registered during the year. The infantile mortality rate showed a marked drop to 22.10 per 1,000 and the maternal mortality rate was again commendably low. The total deaths registered number 1,853, representing a rate of 12.49 per 1,000.

The year was one of momentous change, the massive legislation fore-shadowed by the Beveridge Report coming into operation on July 5th. The loss of the hospitals and of any responsibility for the provision of treatment were major blows to the Health Committee and its officers, particularly as the links and associations then severed, had been strengthened in all the anxieties of the late war. The results are by no means fully manifest nor will they be finally revealed for some years yet. There must be a gradual drifting apart of two systems and the bridges between them will become weaker as they are perforce lengthened.

There has been much mutual good will and ready forbearance on both sides, but as arrangements become better defined, and administration emerges from the fluidity of the early days, possibilities of friction will increase.

Taking the long view it can hardly be doubted that the present dichotomy is but temporary, for the division of responsibility between the local health authority and the regional board, however defensible it may be on grounds of logic and tradition, disregards the degree to which all the services, however they may be provided under the new Act, are complementary.

Sooner or later the hospitals must come back to some form of local authority control or the Part 111 services be taken away and pass to some form of regional organisation which will include the regional hospital board.

From this vantage point in time, the people of Southend can see the fruits of their efforts during twenty years to provide modern and efficient hospitals; and the Southend General, the Southend Municipal, and Runwell Mental Hospitals, to give them their former names, form a hospital complex which is probably without an equal in this country. To their contribution to this great work the Council and the various Health Committees can look with pride and satisfaction, secure in the knowledge that their courage and enterprise have richly endowed this whole district.

The attention attracted to the National Health Service Act has led to other important changes being little regarded. Three hundred years of the Poor Law are ended and a system so long in dying is now legally dead. The Council, realising that there are no firm distinctions between its functions under the National Health Service Act and the National Assistance Act, made them the responsibility of one Committee, namely the Health Committee. At the same time it decided that the work of the Children's Committee should also be carried out through the Health Department, which thus carries a variety and range of responsibilities confided to no other health department in this country.

To the Committees we serve and to my staff, I am once more indebted for unfailing support and loyal effort and this opportunity of paying tribute to them is warmly welcomed.

J. STEVENSON LOGAN,

*Medical Officer of Health.*

### VITAL STATISTICS, 1948.

#### POPULATION

Census 1931 (prior to the Extension of the Borough on the 1st October, 1933) ... ... ... ...	120,0
At mid-year, 1948, as estimated by the Registrar General	148,3
At mid-year, 1939, as estimated by the Registrar General	137,8

#### LIVE BIRTHS

	Male	Female	Total
Number of legitimate births ... ...	1,237	1,119	2,356
Number of illegitimate births ...	76	56	132
	<hr/>	<hr/>	<hr/>
Total Births	1,313	1,175	2,488
	<hr/>	<hr/>	<hr/>
Birth Rate per 1,000 Residents ... ... ... ...			16.3
Illegitimate Birth Rate per 1,000 Residents ... ...			1.0

#### STILL BIRTHS

	Male	Female	Total
Number of legitimate still births ...	20	18	38
Number of illegitimate still births ...	4	1	5

#### DEATHS

	Male	Female	Total
Number of deaths ... ...	873	980	1,853
Death Rate per 1,000 ... ... ... ...			12.9
Percentage of total deaths occurring in Public Institutions			42.5

Women dying in, or in consequence  
of, child birth—

	No.	Rate per 1,000 Births (Live & Still)
From Sepsis ...	...	.00
From other causes ...	1	.4
Total ...	1	.4

[INFANT MORTALITY RATE

All infants per 1,000 live births ... ... ...	...	22.10
Legitimate infants per 1,000 legitimate live births ...	...	20.37
Illegitimate infants per 1,000 illegitimate live births ...	...	53.03

ZYMOTIC DEATHS

No. of deaths from:

Acute Encephalitis ...	...	...	...	...	2
Measles ...	...	...	...	...	—
Whooping Cough ...	...	...	...	...	1
Diarrhoea and Enteritis (under 2 years of age) ...					—
Scarlet Fever ...	...	...	...	...	1
Diphtheria ...	...	...	...	...	—
Smallpox ...	...	...	...	...	—
Typhoid Fever ...	...	...	...	...	—
					—
					—
					4
					—

Zymotic Death Rate per 1,000 population ... .002

The following table, based on that issued by the Registrar General given for comparison:—

	Annual Rate per 1,000 living		Deaths under one year to 1,000 births
	Live Births	Deaths from all causes	
England and Wales ...	17.9	10.8	34
126 County Boroughs and Great Towns ...	20.0	11.6	39
148 Smaller Towns ...	19.2	10.7	32
London ...	20.1	11.6	31
Southend-on-Sea ...	16.8	12.5	22

Maternal Mortality Rate per 1,000 total  
births (live and still):

	England & Wales	Southend
Puerperal Sepsis ...	.29	.00
Other causes ...	.73	.40
Total ...	1.02	.40

## POPULATION.

The Registrar General's estimate of the mid-year population was 148,300 as compared with 144,350 in 1947. The estimated population at December 31st was 148,400.

## BIRTHS.

The number of live births registered was 2,488, being 711 fewer than in the record year of 1947.

Illegitimate births totalled 132, a decrease of 50 on the previous year, the rate per 1,000 births is now 53 as compared with 58 in 1938 so that the pre-war relationship between legitimacy and illegitimacy is restored. There were 43 still births, 16.9 per 1,000 total births as against 18.1 per 1,000 in 1947 and 38.5 per 1,000 in 1938.

## DEATHS.

The number of Southend residents dying during the year was 1,853, equivalent to a rate of 12.49 per 1,000, a decrease on last year's rate of 13.04. The rate for England and Wales was 10.8; our unfavourable rate is due, as has been explained in previous reports, to the greater proportion of elderly people in Southend-on-Sea.

### *Infectious Diseases*

The deaths from zymotic diseases totalled 4. Pneumonia caused 90 deaths, 85 being of persons over 45 years old, of whom 69 were aged 65 and over. There were no deaths from enteric fever, cerebro-spinal fever, diphtheria, measles, or acute anterior poliomyelitis.

### *Tuberculosis*

There were 63 deaths from pulmonary tuberculosis and 9 from other forms of the disease.

### *Cancer*

Deaths totalled 356, males 169 and females 187.

### *Intra-cranial Vascular Lesions*

There were 251 deaths from this cause, 100 males of whom 74 were aged 65 and over, and 151 females of whom 132 were over the age of 65.

### *Heart Disease*

Accounted for 487 deaths, 220 males, of whom 167 were over the age of 65, and 267 females, 225 of whom were over 65.

### *Violence*

There were 15 suicides, 12 road traffic deaths, and 29 from other forms of violence.

### *Infant Mortality.*

There were 55 deaths of infants under 1 year, an infantile mortality rate of 22.10 per 1,000, compared with 31.57 per 1,000 in 1947. This unprecedented low rate will be discussed later in this report.

### *Maternal Mortality*

The Registrar General's figures show one maternal death, or 0.4 per 1,000, the lowest rate ever recorded in the county borough.

## STAFF OF THE PUBLIC HEALTH DEPARTMENT.

### WHOLE TIME.

#### *At the Municipal Health Centre:—*

- James Stevenson Logan, M.B., Ch.B., D.P.H., Medical Officer of Health; School Medical Officer.
- John Conway Preston, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H., Deputy Medical Officer of Health; Deputy School Medical Officer; Medical Officer, Venereal Diseases Clinic.
- John Greenhalgh, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P., D.A., Assistant Medical Officer of Health; Assistant School Medical Officer; Assistant Medical Officer, Venereal Diseases Clinic.
- Gladys Lilian Neill, M.R.C.S. (Eng.), L.R.C.P. (Lond.), M.B., B.S. (Lond.), Assistant Medical Officer of Health; Assistant School Medical Officer, Assistant Medical Officer, Venereal Diseases Clinic.
- Edgar Crees Austen, L.D.S., R.C.S. (Eng.), Senior School Dental Surgeon.
- Alexander T. Craig, L.D.S., R.C.S. (Eng.), Assistant School Dental Surgeon.
- Samuel Cieman, M.R.C.S. (Eng.), L.R.C.P. (Lond.), Medical Superintendent Municipal Hospital; Medical Officer of the Social Welfare Institution.
- Eric Harral Tomlin, M.D., Ch.B., D.P.H., Medical Superintendent, Borough Sanatorium for Infectious Diseases.

### PART TIME

#### *At the Municipal Health Centre:—*

- Robert A. N. McMath, M.D., Ch.B., Clinical Tuberculosis Officer (Resigned 31st January).  
(Dr. McMath is a district tuberculosis officer in the service of the Essex County Council, and as a temporary measure his services are shared with this Authority).
- Gordon I. Rees-Jones, M.R.C.S., L.R.C.P., Acting Tuberculosis Officer until 4.7.48.
- Mrs. Flora Bridge, M.B., B.S., F.R.C.S., Consultant Obstetric and Gynaecological Surgeon (part-time) and Medical Supervisor of Midwives, Medical Officer Ante-Natal and Post-Natal Clinics.
- Ralph Norman, M.D. (Lond.), Medical Officer, Southend Infant Centre; Southend Ante-Natal Clinic and Shoeburyness Infant Clinic.
- Joan Lydia Lush, M.B., B.Sc., M.R.C.S. (Eng.), L.R.C.P. (Lond.), Medical Officer, Southchurch Infant Centre.
- Charles Alfred Garside Cato, M.R.C.S. (Eng.), L.R.C.P. (Lond.), Medical Officer, Leigh Infant Clinic.
- Mrs. Mary Cecilia Maley, B.A., M.B., B.Ch., B.A.O., Medical Officer Westcliff Infant Clinic (appointed 7/1/48).

## CHIEF CLERK AND AMBULANCE OFFICER.

Mr. Ernest A. Beasant.

## NURSING STAFF.

*Health Visitors and School Nurses:*

- Miss K. M. Burnett, (A), (B).
- Miss M. Butcher, (A), (B), C.
- Mrs. V. H. Groves, (A), (B), (C). Resigned 13.10.48.
- Miss M. N. Withams, (A), (B), (C).
- Miss A. E. E. Penfold, (A), (B), (C). Resigned 24.9.48.
- Miss D. E. Stevens, (A), (B), (C).
- Miss G. M. John, (A), (B), (C).
- Miss A. M. Tourret, (A), (B), (C).
- Miss F. L. Blackbourne, (A), (B), (C).
- Miss M. K. Lock, (A), (B), (C).
- Miss P. Barritt, (A), (B), (C).
- Miss G. M. Willcocks, (A), (B), (C). Appointed 12.7.48.
- Miss H. A. Gracey, (A), (B), (C). Appointed 27.9.48.
- Miss B. M. James, (A), (B), (C). Appointed 18.10.48.

*Tuberculosis Health Visitors:*

- Mrs. E. E. Rowden, (A).
- Miss H. A. Gracey, 30.4.48 to 26.9.48.

*Municipal Midwives:*

- Mrs. A. L. Blackwell (B).
- Miss K. Boosey (B).
- Miss E. A. Burnett (B).
- Mrs. F. D. Etherington (B).
- Mrs. C. M. Eggleston (B).
- Miss A. M. Kerswell (B).
- Miss E. E. Powell (B).
- Miss W. M. Randall (A), (B).
- Mrs. P. Priest (B).
- Miss R. Hodges (B).
- Miss I. G. Prince (A), (B).
- Miss I. E. Withams (A), (B). Temporary, resigned 2.10.48.
- Miss E. M. Baker (A), (B), (H). Appointed 10.1.48.

A.—State Registered Nurse.

B.—State Certified Nurse

C.—Certified Health Visitor.

*District Nurses:*

Superintendent Miss D. G. Head, appointed 11.8.48. (A), (B), (C), (D).  
 Miss E. B. J. Berks, appointed 5.7.48. (A).  
 Miss W. M. Burrell, appointed 5.7.48 (resigned 12.11.48). (A), (B).  
 Miss C. Gallehawk, appointed 5.7.48. (A).  
 Miss M. F. Hales, appointed 5.7.48 (resigned 7.12.48). (A),  
 Miss R. R. McCallum, appointed 5.7.48. (A).  
 Miss H. M. C. Maddox, appointed 5.7.48. (A).  
 Miss J. C. Mason, appointed 5.7.48. (A).  
 Miss F. Poskitt, appointed 5.7.48. (A), (H).  
 Mrs. A. L. Ventris, appointed 16.8.48. (G).  
 Mr. J. Guildford, appointed 8.11.48. (A).  
 Miss D. E. Druitt, appointed 16.11.48. (A).

*District Nurses (Part-time):*

Mrs. Violet Madelen Baker, (A), (B). Appointed 19.11.48.  
 Mrs. Kathleen Archer, (G). Appointed 19.11.48.  
 Mrs. Gertrude Doreen Lines, (A), (C). Appointed 13.12.48.  
 Mrs. Catherine Dale, (H). Appointed 13.12.48.

- A.—State Registered Nurse.
- B.—State Certified Midwife.
- C.—Queen's Nurse.
- D.—Health Visitor's Certificate.
- E.—Certificate of R.M.P.A.
- F.—State Registered Mental Nurse.
- G.—State Enrolled Assistant Nurse.
- H.—State Registered Fever Nurse.

*Chief Sanitary Inspector:*

Mr. R. A. Drake, B.E.M., M.R.S.I. (A), (B).

*Deputy Chief Sanitary Inspector:*

Mr. J. H. Lott. (A), (B).

*Assistant Sanitary Inspectors:*

Mr. A. C. Arnold. (A), (B).  
 Mr. E. A. Smith. (A), (B).  
 Mr. R. E. Williams. (A), (B).  
 Mr. P. Sanders. (A), (B). Resigned 3.9.48.  
 Mr. C. C. Dowding. (A), (B). Appointed 15.5.48.  
 Mr. D. H. Till. (A). Appointed 15.5.48.

- A.—Certificate of R.S.I. and Sanitary Inspectors Joint Board.
- B.—Certificate of R.S.I. for Inspection of Meat and other Foods.

*Home Teacher to the Blind:*

Miss N. G. Westby, Certificated Home Teacher.

*Mental Deficiency Officer:*

Miss M. A. Brock, University of London, Social Studies Certificate.

*Duly Authorised Officers:*

Mr. W. Price.

Mr. E. W. Smith.

*Supervisor of Home and Domestic Help:*

Mrs. F. E. M. Goddard.

**RESIDENTIAL SERVICES SECTION.***Residential Services Officer:*

Mr. H. G. Evans.

*Master and Matron of Connaught House:*

Mr. and Mrs. C. Farnworth.

**STAFF.**

The National Health Service Act brought many staff changes, and severed official associations of long-standing. Dr. S. Cieman, medical superintendent of the Southend Municipal Hospital, ceased to be a member of the Council, which he had served since 1934. It would be difficult adequately to describe what the people of Southend and district owe to Dr. Cieman, or the extent to which the Southend Municipal Hospital is his creation. For my part, I am most deeply indebted to him for his loyal and unwavering help and support in all the difficulties of the last eight years, during which I have come to value his personal qualities as highly as his professional abilities and skill.

Dr. Tomlin, medical superintendent of the Borough Sanatorium, also passed to the employment of the Regional Hospital Board, but continued to undertake work for the department in connection with the control of infectious diseases.

At the beginning of the year Dr. R. A. N. McMath, our part-time Tuberculosis Officer, left to take up an appointment in the Tuberculosis Service of Northern Ireland. The developments which we owe to Dr. McMath have been mentioned in previous reports; but to him also I am indebted for his loyal and unstinted service during very difficult years.

Mr. L. G. Andrews, of the clerical staff, was transferred to the service of the Hospital Management Committee, becoming its first chief clerk.

The former social welfare officer, Mr. H. G. Evans, was transferred to the staff as residential services officer, bringing with him his colleague Mr. P. Lamsden, former settlement officer. Two other members of the former Public Assistance Committee's staff, namely, Mr. Price and Mr. Smith, came to us on appointment as duly authorised

fficers; and mention must also be made of Mr. and Mrs. Farnworth, master and matron of Connaught House, and Miss Thompson, matron of Sea View Children's Homes, who also joined us.

Miss D. G. Head was appointed our first superintendent of home nursing and the district nurses in the employment of the Southend General Hospital was transferred to the service of the authority on 1st July.

Other staff changes are shown in the foregoing schedule, but one could like to refer to the resignations of Mrs. Groves and Miss A. E. Penfold, health visitors and school nurses. Mrs. Groves joined the staff in 1937, and worked most successfully in the scattered and far from easy district of Eastwood. Miss Penfold, who came to us in 1942, had worked most devotedly in a difficult area of Westcliff; she left to take up an appointment as matron of a residential nursery.

## LABORATORY FACILITIES

The Public Health Laboratory Service opened a laboratory at the Borough Sanatorium on 15th June, 1948, its first director being Dr. J. D. Oliver, who is also in charge of the laboratories at the Southend General and the Southend Municipal Hospitals.

The other laboratories were developed as staff and equipment became available, and the facilities now available are equal to any to be found outside a university centre.

## THE NATIONAL HEALTH SERVICE ACT, 1946

Three agencies provide services under this Act, the regional hospital board, the local executive council and the local health authority. The first two carry out the Minister's policies in accordance with administrative procedure laid down by him. His control over the local health authority services is less direct, arising from his power to make directions, and to approve expenditure for grant purposes.

The regional hospital boards deal with hospitals and specialists, the local executive councils with general practitioners, dentists, opticians and pharmacists, while the local health authorities are responsible for maternity and child welfare, domiciliary midwives, health visitors, home nurses, vaccination, etc., ambulance service, prevention of illness, care and after care, domestic help and some mental health services.

The regional hospital boards, each based on a university centre, delegate a good deal of the control of hospitals to hospital group management committees, and the executive councils administer Part IV services in the areas of the major local authorities, be they counties or county boroughs; these in their turn are constituted local health authorities.

The boards and the executive councils appointed ultimately by the Minister, contain professional and lay elements. Though designed to comprehend various interests, their members do not represent, in the

sense of being responsible to, particular groups. Their constitution is therefore in sharp contrast to the local health authorities which ultimately rest on democratic representation.

The work of the boards and the executive councils is paid for directly from the exchequer, but the costs of the local health authorities service are borne by the general rate, assisted by a 50 per cent. grant from the Ministry towards approved expenditure.

A very small proportion of the cost of the operation of the National Health Service Act comes from the national insurance contribution, but by far the greater part is found from taxation.

It is evident that the successful working of this service must be dependent on the close co-operation of the three agencies which provide it, and indeed in practice it has not always been easy to determine precise limits for the responsibility of each. One way of securing co-operation is common membership of the controlling bodies, and locally this has come about in the following way.

*Local Authority and Regional Hospital Board:*

Alderman S. F. Johnson.

*Local Health Authority and Hospital Management Committee Group XV.:*

Alderman S. F. Johnson, J.P. (Chairman) Alderman W. H. Calvert, Alderman Mrs. M. Broom, Councillor Anderson, Councillor Mrs. Harvey (nominated by the Minister); Medical Officer of Health.

*Local Health Authority and Hospital Management Committee (Runwell):*

Alderman W. H. Calvert, Alderman Mrs. Leyland, M.B.E. Alderman S. F. Johnson, J.P.

*Local Health Authority and Local Executive Council:*

Alderman Mrs. M. Broom, Alderman Calvert, Councillor Bray, Councillor Mrs. Oxley; Councillor Anderson, Councillor Mrs. M. E. Harvey (nominated by the Minister of Health); Medical Officer of Health.

*Hospital Management Committee and Local Executive Council:*

Councillor Anderson, Alderman Mrs. Broom, H. H. Burrow Esq., Alderman W. H. Calvert, Councillor Mrs. M. E. Harvey, N. M. Holloway, Esq., L.D.S., Medical Officer of Health, Redgewell, Esq.

As an immediate consequence of the Act, the Municipal Hospital at Rochford, the Borough Sanatorium for infectious diseases, the V.I. Treatment Centre and the Tuberculosis Dispensary passed from the ownership and control of the council to the Hospital Management committee.

After a few months one can form certain opinions about the Act. Its title is ambiguous, a more apt description would have been "National Medical Services Act," for its main bias is towards providing treatment in its broadest sense, and its direction is largely in the hands of those trained in, and practising curative medicine. A vast amount of human need has been uncovered to the surprise and consternation of the public and certain administrators.

A tendency on the part of many to exploit to the full, the services provided by the Act has disappointed many observers, and there is also disposition to question whether its machinery is completely suitable to its purpose.

It is fair comment that the boards, management committees and executive councils are not nearly so responsive to public opinion as the local authorities, nor so closely in contact with the man in the street.

The bodies concerned in planning, providing and managing these great services are remote from the individuals for whom they are provided, and must become remoter still; already complaints are occasionally heard about the isolation of the regional boards.

The most serious misgivings, however, concern the future constitution and attitude of management committees and executive councils. In the beginning their members have been experienced in hospital management, health administration and public affairs generally. These sources of recruitment will be more and more restricted as time goes on, and if these bodies are permitted any effective influence in the making of new appointments to them, progressive inbreeding seems inevitable. Most serious of all is the tendency for them to become less responsible and responsive to the public whom they are to serve, and this together with an attitude of detachment and even unreality about finance, raise questions to which at the moment there seems no satisfactory answer.

The division of responsibility between hospital management committees and local health authorities, has given rise to some interesting situations, and calls for serious thought. The more money local authorities spend on their health services, the greater the relief to the taxpayer, and the burden on the ratepayer. It is quite plain that good home nursing and domestic help schemes keep hospital beds free, which would otherwise be filled, the same is true of good ambulance services and good arrangements for prevention, care and after care.

By way of contrast the failure of the Ministry of National Insurance to differentiate between the woman who has her confinement at home and her neighbour who goes into hospital, causes unnecessary and uneconomic use of maternity beds, to the detriment of the domiciliary midwifery service and the finances of the local authority providing the home helper.

The first impressions therefore, are that the Act is popular, its services appreciated, and needs are being met more completely and satisfactorily than ever before. There are fears about bureaucratic developments and lack of effective public control and responsiveness to public opinion. Finance based on the satisfaction of need has created problems

which are yet to solve, nor can it be accepted that the present division of responsibility for services which are essentially complementary likely to persist unchanged for very long.

### THE NATIONAL HEALTH SERVICE ACT, 1946, PART III

This part of the act places divers responsibilities on major local authorities. Before the appointed day each was required to submit to the Minister, proposals shewing how its duties were to be carried out, and the scope of the provision to be made.

In this part of the report the various sections are dealt with serially. The duty under each is described, then the proposals are summarised and perhaps commented upon. Then follows particulars of the work done in carrying out the duties of the section together with such observations as appear necessary.

#### SECTION 19.

This section constitutes the Council a "local health authority" because certain functions, notably hospital provision were taken away from the duties and the constitution of certain standing committees of the Council had to be revised. Between 1930 and 1948 the authority's health functions had been carried out by two committees, namely the Health and the Sanitary Committees, their spheres being respectively the personal, and the environmental health services. This arrangement which had worked satisfactorily was now changed and the Health Committee became responsible for all the health services as well as the local authority duties under the National Assistance Act 1948. The Maternity and Child Welfare Committee, the Committee for the Care of the Mentally Defective and the Blind Persons Act Committee were dissolved as from July 5th.

The Council shewed its opinion of certain trends in local government practice by giving the new health committee no delegated powers, except as regards certain executive functions where delay might embarrass the department, and providing that the elected representatives constituted an overwhelming majority of the health committee and its sub-committees. These latter are three, the Maternity and Child Welfare sub-committee which deals with care of mothers and young children, midwifery and domestic help, the Care and After Care Sub-Committee dealing with Section 28 matters and the "Welfare" sections of the National Health Service Act 1948, and the Residential Services Sub-Committee which administers the "Part III" functions of that Act. In their turn none of these sub-committees has any delegated powers.

The health committee consists of 16 council members, a co-opted member from the group hospital management committee, the local executive council and the local medical committee.

The standing sub-committees each consist of 16 council members and 3 co-opted members who are all persons who have had special experience in the work of the particular sub-committee.

The only other sub-committee which has been necessary has been case sub-committee which meets every two weeks and deals with the nancial assessments for *all* branches of the work.

No apology is made for this digression, for the machinery of local overnment is as worthy of study as the work it is designed to carry out. These arrangements have worked successfully and have been acceptable oth to the members and the council as a whole. They ensure that the ealth committee has the opportunity of studying its problems at first and and of becoming thoroughly acquainted with its business, and in ese days of non-representative bodies of all kinds they emphasise the lace and importance of the elected representatives of the people.

#### SECTION 21. *Health Centres.*

This section requires local health authorities to provide, equip and aintain " health centres," places at which facilities can be provided for eneral medical, dental and pharmaceutical services administered by the locl executive councils together with those required to carry out the erences to be provided by the local authorities. In addition these remises can be used for the provision of the services of specialists and ut-patients arrangements; (Part II arrangements), and for health eduacion. No proposals were submitted under this section, and indeed the ate by which they were to be sent to the Minister was postponed by im.

The health centres, the provision of which was to many general ractitioners, the most attractive feature of the new act, have thus been s first casualties. A fine concept has remained unrealised because of uilding difficulties and our general economic impoverishment. There is eneral consternation about the cost of providing, maintaining and staff- g these centres, and those who are responsible for advising in these gatters are grateful for the opportunity of being able to await the xperience of the L.C.C. and other authorities who are making experi- ents in this field, and indeed to watch developments in the general ractitioner and hospital services which may well compel second thoughts bout the kind of provision to be made at the health centres.

Locally no formal action has been taken except to reserve land on ew housing estates for clinic and health centre purposes.

#### SECTION 22. *Care of Mothers and Young Children.*

The Council proposed to continue co-operation with existing volun- ry agencies, and to secure effective liaison with the institutional mid- ifery services to be provided by the Regional Board, not by creating ny new links but by the sedulous preservation of those already planned d effective. The provision of dental care for mothers and young hildren was to be developed and there was to be a suitable building ogramme of new clinics.

Lastly the authority declared its intention of fostering a proper alance between institutional and domiciliary midwifery, of extending its aching of physical culture to expectant mothers and of interesting both parents in parentcraft.

*Clinics.*

None of the clinics previously provided by the Council passed to control of the Regional Board on the appointed day.

1. *Infant Clinics.*—These were held at 2.15 p.m. as under:—

Shoeburyness:

Council Offices, High Street. Doctor's Clinic 1st and Tuesdays. Health Visitor's Clinic on other Tuesdays.

Leigh-on-Sea:

70, Burnham Road. Mondays and Thursdays.

Southend-on-Sea (Southend and Southchurch):

Municipal Health Centre. Mondays, Tuesdays, Thursdays and Fridays.

Eastwood:

Eastwood Schools 2nd and 4th Fridays—Health Visitor's Clinic.

Westcliff:

St. Andrew's Church Hall. Doctor's Clinic, Wednesday. Health Visitor's Clinic, Fridays.

North Avenue—comm. 28.4.48:

Ferndale Road Baptist Church, Wednesdays—Health Visitor's Clinic.

Manners Way—comm. 7.12.48:

St. Stephen's Church, Tuesdays—Health Visitor's Clinic.

National Dried Milk and Vitamin preparations supplied by the Ministry of Food, as well as proprietary brands of dried milk, were sale at all infant welfare sessions.

Particulars of attendances are:—

	South-end	South-church	Leigh	Shoe-bury	East-wood	West-cliff	Man-ners Way	Nrth. Av.	Total
No. of sessions held	104	101	101	52	24	103	4	35	5
No. of individuals who attended and who at end of year were—									
Under 1 ...	306	396	291	112	80	373	48	135	17
Aged 1 to 5 ...	657	727	725	170	128	558	7	110	30
Total attendances of—									
Infants ...	4590	5280	5132	1843	909	5513	71	1556	24,8
Children 1 to 5	1575	1485	1778	326	288	1048	12	177	6,6
No. of children aged 1 to 5 subjected to routine medical inspections ...	398	536	538	80	—	72	—	—	1,6

Packets of National Dried Milk distributed totalled 19,619 of which 191 were supplied at the expense of the Council.

Vitamin Preparations:—

Cod Liver Oil	...	...	10,264
Fruit Juice, Orange	...	...	35,366
Vitamin Tablets	...	...	2,657

## INFANT WELFARE CENTRES

The weighing clinic established in 1947 in St. Andrew's Church Hall, Westcliff-on-Sea was so popular as to require an additional weekly session and the appointment of a part time medical officer, as from 1 January, 1948.

This experience led us to consider the provision of a centre to the area north of Southchurch Road, and in particular the new housing estates in the Eastern Avenue district. Here again we were fortunate finding a well disposed minister and church council so it was possible make arrangements for a weekly weighing clinic at Ferndale Road Baptist Church Hall as from 28.4.48.

With characteristic enterprise, the Archdeacon of Southend, the venerable N. Ellis Gowing had obtained permission to build a church hall in Manners Way to serve the new population housed in the prefabricated bungalows erected there. Before the building was completed, negotiations were entered upon, and through the good offices of the Archdeacon it was possible to open a weighing clinic at St. Stephens Hall on 7.12.48.

The number of individual children under the age of one year who attended the centres was 1,741, being practically 70 per cent. of the total number of live births. The comparable figures for 1947 was 64 per cent. of the 1-5 age group, 3,082 children were brought to the centres, an increase of 468.

## ANTE NATAL CLINICS

Municipal Health Centre: Monday, 9.15 a.m.; Tuesday, 9.15 a.m.; Wednesday, 2 p.m.; Thursday, 9.15 a.m.; Friday, 9.15 a.m.

Leigh Clinic, 70, Burnham Road: Wednesday, 2 p.m.; Friday, 2 p.m.

Westcliff Clinic, St. Andrews Church Hall, Electric Avenue: Wednesday, 9.15 a.m.

Shoebury Ness Clinic, Council Offices, High Street: Monday, 2 p.m. (on 2nd and 4th Mondays in each month only).

The arrangements reported last year have remained unaltered, and unaffected by the advent of the new health service. Some of the clinics are staffed by hospital medical officers, midwives and pupils in training, an arrangement which is to the advantage of all concerned. A new weekly ante-natal clinic was established at St. Andrew's Church Hall, Westcliff, on 7.1.48.

A total of 2,312 individual mothers attended, representing 91 per cent. of the births (live and still) during the year.

These figures take no account of the mothers who attended the Southend General Hospital ante-natal clinic and who entered the Municipal Hospital, Rochford, for their confinements.

Attendances at the Council's clinics were as shown below:—

	<i>South-end</i>	<i>Leigh</i>	<i>West-cliff</i>	<i>Shoe-bury</i>	<i>Total</i>
o. of sessions held ... ...	262	103	52	24	441
o. of individual expectant mothers ... ...	1650	401	146	115	2312
o. of attendances of expectant mothers ... ...	7870	2623	1510	552	12,555

## POST NATAL CLINIC

Every Wednesday morning at Warrior Square, also at Leigh Ante Natal Clinic sessions on Wednesday and Friday afternoons.

	<i>Southend</i>	<i>Leigh</i>	<i>To</i>
No. of individual mothers who attended	559	121	6
Total attendances of mothers ... ...	1,029	207	1,23
Total No. of sessions of Post Natal Clinics ... ... ...	52	171	2

A post natal clinic conducted each Wednesday morning by Mrs. Bridge, F.R.C.S., Consultant Obstetric and Gynaecological Surgeon was begun at the Municipal Health Centre on 7.1.48. Post natal examinations are also carried out by Mrs. Bridge at her weekly ante natal clinic at Leigh.

## DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

### *REPORT OF SENIOR DENTAL OFFICER*

The dental treatment of mothers and young children is provided by the school dental staff—a senior dental surgeon and one assistant who have nearly 17,000 school children to look after—and in so far as it could be done without detriment to the school children, the dental work for these other priority classes was developed. The following work was carried out during the year.

#### 1. EXPECTANT MOTHERS

a. Examined	453	f. Fillings	244
b. Needing Treatment	453	g. Dressings	158
c. Treated	356	h. Scalings	58
d. Made Dentally fit	249	i. Dentures	30
e. Extractions	703		

#### 2. NURSING MOTHERS

a. Examined	15	f. Fillings	12
b. Needing Treatment	15	g. Dressings	1
c. Treated	15	h. Scalings	9
d. Made Dentally fit	14	i. Dentures	6
e. Extractions	31		

#### 3. CHILDREN UNDER 5 YEARS OF AGE

a. Examined	206	e. Extractions	232
b. Needing Treatment	189	f. Fillings	56
c. Treated	189	g. Dressings	40
d. Completed	149		

Dental inspection and treatment for expectant and nursing mothers was afforded to women selected by the medical officers at the ante natal clinics as owing to staff difficulties it was not found possible to inspect each mother in attendance. The same principle applies to the inspection and treatment of children under 5 years.

Until July 5th mothers were offered all forms of prophylactic, conservative and extraction treatment, but the provision of dentures was restricted to patients who could not afford to pay for them. However, after the appointed day, artificial dentures were supplied as necessary. By the end of the year, 27 mothers were fitted with a total of 36 dentures.

The dental health of expectant mothers is so liable to deteriorate during successive pregnancies that priority advice and treatment should be available to every expectant mother on her first attendance at the ante natal clinic.

Where necessary, dental treatment not completed before the birth of the baby, is completed afterwards.

Children under 5 years do not tolerate extensive conservative treatment at all well, so that fillings were carried out only where a single tooth was affected.

Nitrous oxide and oxygen anaesthesia was administered to 120 young children for extractions.

E. C. AUSTEN,  
*Senior Dental Officer.*

## UNMARRIED MOTHERS AND THEIR CHILDREN

Under the new legislation, residential accommodation for unmarried others could also be provided under the National Assistance Act 1948 Part 111, but the council has preferred to do this by exercising its powers under the National Health Service Act 1946, Section 21. Existing arrangements with the Southend branch of the Chelmsford Diocesan Social Welfare Association were continued and accommodation was provided at the expense of the Council in the following homes:—

St. Monica Diocesan Shelter	...	...	10
Diocesan Maternity Home, Coggeshall	...		3

## PHYSICAL CULTURE DURING PREGNANCY

This is a rather ponderous name for an educational venture with expectant mothers. Notwithstanding the attention paid to physical training in the school curricula of recent years, many of our adults are, unfortunately, "physical illiterates" and so during pregnancy it becomes necessary to teach women some control over muscles of which ordinarily they are scarcely aware. We hope, however, to do more than this. Fear is the greatest enemy of women in child bed, causing muscular spasm and perhaps inhibiting certain muscular mechanism—above all it adds mental anguish to physical stress. If women can be taught how a baby is born and can be taught to realise that they themselves perform this feat, we can help them to overcome, at least in part, their fear and release physical, mental and even spiritual forces which will shorten labour and make of it a significant experience for them.

The gymnastic classes at Leigh are, therefore, important, not only for the intrinsic value of the physical education imparted there but because of the opportunities they offer for teaching a positive attitude towards labour.

## INFANT MORTALITY

There were 55 deaths of infants under one year, a mortality rate of 22.10 per thousand, as compared with 31.57 in the previous year. A few years ago this low rate would have been remarkable, but infant mortalities of under 30 per 1,000 were recorded in 1947 from Oxford, Bristol, Hastings and Poole. In that year, there were only seven county boroughs with a lower rate than Southend-on-Sea, and we can confidently expect that there will be few which can show a better figure in 1948.

Caution must be observed in assessing the reasons for the continuing saving of infant life, and it must not be assumed that these good results are necessarily attributable to the efforts of health departments. The decline in infant mortality rates has occurred throughout the whole country, and has been accompanied by lowered maternal mortality and stillbirth rates. This progress has been made at a time when housing conditions have been very difficult and in face of a raised birth rate, both of which could be expected to increase the toll of infant lives. It is therefore not unlikely that the improved economic condition of the majority of our citizens and the wise food policies pursued by successive Governments are important factors.

The causes of the 55 infant deaths are analysed below. The most striking improvements, as compared with last year, are seen in mortality during the first week of life, and the 1-3 months group. There were 36 deaths during the first week of life, compared with 68 in 1947—if the 1947 rate had been maintained, our 2,488 births should have produced 48 deaths during this period, so there is a reduction of 25 per cent. in the rate for this group.

Of these 36 deaths, 30 took place in hospital, out of 1,428 births. At first sight it would appear that the infants born in hospital had much less favourable experience than the children born at home. It must, however, be borne in mind that the mothers admitted to hospital are selected in a statistical sense, many of them for medical reasons where an adverse effect on the infant is to be expected.

As compared with 1947, the chief differences to be observed are that there were but two deaths from pneumonia, as compared with 11, and no deaths from gastro-enteritis, as compared with five in the previous year.

There was the usual marked disparity between the mortality of the sexes, due to the greater differentiation, biologically speaking, of the male. Of 1,313 live male births there were 21 deaths from congenital malformations, birth injuries and infant diseases, but only 7 deaths from these causes amongst 1,171 female infants, the male rate being 16 per cent. as compared with the female rate of 6 per cent.

The age groups 1-3 months suffered two deaths, as compared with 16 in the previous year, which rate, if maintained during 1948, would have produced 12 deaths in this group. The difference between the actual and the expected deaths is quite noteworthy. There were 11 deaths from diarrhoea under the age of two years, which speaks well for the hygienic conditions of the town.

*Deaths under 1 year classified by age groups.*

Under 1 week ...	...	...	...	36
„ 1 - 2 weeks	...	...	...	3
„ 2 - 4 „	...	...	...	6
„ 1 - 3 months	...	...	...	2
„ 3 - 6 „	...	...	...	5
„ 6 - 9 „	...	...	...	nil
„ 9 - 12 „	...	...	...	3
		Total	...	55

*Causes of death during first year of life.*

Prematurity	...	...	...	...	16
Congenital defects	...	...	...	...	11
Atelectasis	...	...	...	...	3
Birth injury	...	...	...	...	4
Blood conditions	...	...	...	...	4
Pneumonia	...	...	...	...	2
Empyema	...	...	...	...	1
Cyst of lung	...	...	...	...	2
Infective conditions	...	...	...	...	2
Inhalation of vomit	...	...	...	...	3
Asphyxia (from pillow)	...	...	...	...	2
Asphyxia (by overlaying)	...	...	...	...	1
Cerebral haemorrhage	...	...	...	...	1
Status lymphaticus	...	...	...	...	1
Post-operative conditions	...	...	...	...	1
Congenital syphilis	...	...	...	...	1

*Stillbirths*

It is gratifying to record a further reduction in the still-birth rate, which was 16 as compared with 18 in 1948. The factors influencing stillbirth are not completely understood, but good maternal nutrition and good obstetrics undoubtedly play their part. The progress which has been made can be measured from the fact that in 1938 our stillbirth rate was 38 per 1,000 total births.

Of 43 stillbirths, 31 or 72 per cent. occurred in hospital, of all the deaths 58 per cent. took place in hospital.

*Deaths of children aged 1 - 5*

There were six deaths in this age-group, the causes being:

- Accident;
- Cranial new growth;
- Peritonitis following gangrene of the appendix;
- Acute focal nephritis;
- Tuberculous meningitis;
- Bronchitis supervening in a mentally defective child of 23 months.

## SECTION 23—MIDWIFERY

The proposals under this section were largely designed to consolidate and improve a service which has earned the confidence of patient and doctor alike. They included better provision for transport and analgesia, power to provide housing accommodation for midwives and a reference to the possibility of co-operating with the group hospital management committee in the establishment of a part II school for midwives.

Anxieties as to the possible effects of the National Health Service Act on the midwifery service have not been dispelled by what has happened since the "appointed day" and while it is too early to pass any considered judgment, it is clear some midwives feel their status as independent and responsible practitioners may be threatened because the financial inducements offered to general practitioners in the new service to re-enter the field of domiciliary midwifery. Fears have also been expressed about the kind of ante-natal supervision which some patients may receive, when responsibility is shared between doctor and midwife. Then again, it is now much cheaper to have baby in hospital than at home, and joint action between the Ministries of Health and National Insurance will be necessary to remove financial inducements in favour of hospital confinement. Unless this is done, domiciliary midwifery is unlikely to survive in the larger urban areas.

The fall in the birth rate and the attraction of hospital confinements now tend to cause under employment of our domiciliary midwives, but those in authority must, when looking at this matter, remember the heavy burden carried by them during the war, and the gross overwork of the immediate post war years.

### *Work of the Municipal Midwives*

No fees were, of course, payable for the services of municipal midwives from 5th July, 1948, but from 1st January 1948 to July 4th, 1948, these amounted to £918 4s. 6d., and £47 17s. 6d. was written off as irrecoverable. Fees were reduced in seven cases and no charge made for five patients.

The numbers of cases attended by municipal midwives during the year were:—

	Cases attended as Midwives		Cases attended as Maternity Nurses	
	Labours	Miscarriages	Labours	Miscarriages
Cases booked by Municipal Midwives and delivered by them ... ...	528	1	133	—
Cases where no ar- rangement for con- finement had been made and Municipal Midwives were sum- moned in an emer- gency ... ...	5	1	2	1
<b>Totals</b> ...	<b>533</b>	<b>2</b>	<b>135</b>	<b>1</b>

*Number of visits paid:*

Ante-natal ...	...	...	...	...	6,540
Morning nursings ...	...	...	...	...	9,299
Evening nursings ...	...	...	...	...	2,252
 Total ...	...	...	...	...	 18,091

Number of patients receiving gas and air analgesia ... 71

*Midwives Acts 1902-1936—Work of Local Supervising Authority*

Notices of intention to practise were received from 29 midwives, including 13 whole-time municipal domiciliary midwives. Of the 16 private midwives, only 11 practised as such, three in the homes of patients and the remainder in nursing homes and the Military Families Hospital. Non-municipal midwives attended 6 patients as midwives and 387 as maternity nurses.

No cases of serious infringement of the Rules of the Central Midwives Board came to notice during the year.

*Medical Aid under Section 14 (1) of the Midwives Act 1918*

Medical aid was summoned on 162 occasions, or in 29.9 per cent. of cases attended by midwives, a rise of 7 per cent. on last year. A total of £319 19s. 6d. was paid to medical practitioners during the year of which £109 0s. 6d. was refunded by patients in respect of the period 1st January to 4th July.

*Administration of Analgesics*

At the end of the year 10 of the 13 domiciliary midwives employed by the local authority and two employed in private nursing homes were qualified to administer analgesia in accordance with the requirements of the Central Midwives Board.

*Maternal Deaths*

Though the Registrar-General attributes one death to maternal causes, and we are therefore credited with a maternal mortality rate of 0.4 per thousand, the department has particulars of three women who died during pregnancy or shortly after delivery. They were:—

*Mrs. W.*, aged 33, primipara, who, being supervised ante-natally by her own doctor, was referred by him to the ante-natal clinic on 19th February, 1948, when 36 weeks pregnant. The urine contained a trace of albumen, blood pressure was 130/80, and X-ray examination confirmed the diagnosis of an extended breech presentation. She was admitted to hospital following an unsuccessful attempt at external version. Six days later the blood pressure was 144/80, and active treatment for her pre-eclamptic state was instituted. The membranes were ruptured the following day, and labour began at 1 p.m. By the evening there was severe frontal headache, and involuntary movements of the face and right arm, followed by coma; within two hours she became

cyanosed, and death ensued 25 minutes later. Immediate post-mortem caesarean section was performed, and a living infant delivered. At autopsy a massive left-sided cerebral haemorrhage was found.

*Mrs M.*, aged 33, primipara, was seen at the ante-natal clinic on 4th November, 1947, when she was 18 weeks pregnant, and attended regularly until the 34th week, when she was admitted to hospital with a thrombo-phlebitis of the left internal saphenous vein. After being in bed for 20 days she was allowed up, but on the following day, while out of bed, she suddenly collapsed, and died, undelivered, from pulmonary embolism.

*Mrs. Y.*, aged 36, had had two children. She attended the ante-natal clinic on 7th April, 1948, being then 24 weeks pregnant. On 24th August, 1948, she was admitted to hospital, having complained of malaise and muscle pains for 3-4 days, and having developed muscular weakness of the arms and legs the night before. During the night there was a rapid extension of the paralysis and the muscles of the diaphragm became involved. Caesarean section under local anaesthetic was performed, and the patient transferred to a breathing machine. Unfortunately the paralysis increased; the nuclei of the medulla were affected, and the patient died in a coma on 4th September, 1948, cause of death being acute infective polyneuritis.

## SUPPLY OF SHEETS TO EXPECTANT MOTHERS

The arrangements under Ministry of Health Circular 154/44 were continued during the year and on the certificates of state certified midwives priority dockets for 1,319 sheets were issued to 469 mothers who arranged for their confinements to take place at their homes.

## SECTION 24—HEALTH VISITING

The act enlarges the sphere of health visitors, and it is now the "visiting of persons in their homes . . . for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection."

The council proposed to increase their staff of health visitors from 12 to 18, but more additional staff will be required to bring the whole family within the purview of the health visitor.

As has already been remarked earlier in this report, the council's functions under the National Assistance Act are now being carried out by the Health Committee, and since July 5th the health visitors have investigated all applications for Part III accommodation. The advantage of giving this work to trained social workers has been apparent and on their reports, help has often been given by the district nurses and the home helpers. As health visitors are fitted to play an important part in dealing with the seriously handicapped under the "welfare" provisions of the National Assistance Act, their opportunities for the future are greatly increased, when, as in Southend-on-Sea, the health department also administers "welfare."

### *Work of Health Visitors*

No. of infants noted for visiting (including new arrivals from other towns) ... ... ... ...	2,529
,, infants visited for the first time ... ... ...	2,587
,, infants visited ... ... ... ...	3,186
,, visits to infants under one year ... ... ...	10,683
,, children visited between 1 and 5 years ... ...	9,389
,, visits to children between 1 year and 5 years of age	16,591
,, expectant mothers visited for first time ... ...	1,793
,, expectant mothers visited ... ... ...	1,931
,, visits to expectant mothers ... ... ...	3,189

The number of visits showed the following increases on the previous year:—

No. of visits to infants under one year ... ... ...	409
,, children visited between 1 year and 5 years of age	3,019
,, visits to expectant mothers ... ... ...	26

### SECTION 25—HOME NURSING

The local health authority's duty is briefly defined as "securing the attendance of nurses on persons requiring nursing in their own homes." The potentialities of this section are enormous, and cannot be realised in a few years. District nursing as it has been known and developed in the past, is but a starting point for this new service, but what a fine beginning it is. That the Queen's Institute of District Nursing and the local authority organisations have been able to agree arrangements which preserve the vital interests of each, augers well for the future because the Queen's Nurse brings to her work a level of training, and sense of vocation which are the admiration of all.

The Act has the marginal annotation "Home Nursing" and the logical description of the nurses employed to do this would be "home nurses." The Council has named the service—the "home nursing service" but its nurses have successfully, albeit quite unconsciously, retained their old title of honour—district nurse—and even administrators seem to be in course of giving them best, which fact may be of considerable significance for the future.

The Council's proposals recognised three phases in the development of this service, namely the provision of

- (a) adequate district nursing facilities;
- (b) home nursing facilities for special conditions such as measles, whooping cough, etc.;
- (c) home nursing facilities for other acute or semi-acute conditions.

The proposals dealt with the need for making special arrangements for the nursing of patients who suffer a miscarriage, the employment of part-time staff, the need for nursing service at night, the opportunities for the employment of male nurses, and powers in regard to the provision of transport and housing.

They did not provide for the appointment of a superintendent nursing officer at this juncture. It was considered that the various sectional heads of the domiciliary services provided by the department could, under the general guidance and direction of the medical officer of health, themselves secure effective co-operation and integration without the intervention of a superintendent nursing officer, and our experience so far, completely vindicates this view.

The home nursing service is provided direct by the Council and not by any arrangements with another organisation. On the appointed day the Council took over the district nursing staff (8) in the employment of the Southend General Hospital, although day to day direction was continued by the Matron, Miss I. M. L. Syer, D.N., until the newly appointed superintendent Miss D. Head took up duty in August.

The health committee are much indebted to Miss Syer for this indispensable assistance at a critical time, and to the hospital management committee for allowing her to do so. Miss Head, who is a Queen's Nurse and holds the Health Visitor's Certificate has had considerable administrative experience, and the new service quickly settled down under her wise direction, preparing for its first winter which was bound to be a testing time, and from which it emerged with an enhanced reputation.

### *The work of the District Nurses*

At the end of the year 9 full-time and 5 part-time nurses were employed. From 5th July, 1948, to 31st December, 1948, a total of 18,005 visits were paid to 836 patients. The following is an analysis of the cases taken over on 5th July, 1948, and of new cases from 1st September, 1948, to 31st December, 1948. Unfortunately we have no classification of the new patients between 5th July, 1948, and 1st September, 1948.

	On Register on 5/7/1948	New Cases 1/9/48 to 31/12/48	Total
Accidents ...	...	—	3
Arthritis ...	...	12	9
Bronchitis ...	...	2	16
Carbuncles and boils	...	3	8
Carcinoma and Sarcoma ...	13	42	55
Cardiac Conditions	...	14	21
Cerebral haemorrhage	...	18	33
Dermatitis and other skin diseases	...	3	10
Diabetes ...	...	27	27
Dressings (mostly post-operative)	...	14	25
Ear conditions (otitis media, etc.)	...	5	7
			12

Eye conditions ... ...	1	2	3
Empyema ... ...	2	—	2
Fractures ... ...	5	9	14
Gastric conditions ...	2	5	7
Gynaecological patients ...	5	15	20
Miscarriage ... ...	—	4	4
<b>Infectious Diseases</b>			
(Mumps) ... ...	—	1	1
Nemata (for constipation)	2	41	43
Nemata (preparation for X-Ray) ... ...	1	72	73
Pneumonia ... ...	—	19	19
Paralysis (other than strokes) ... ...	7	5	12
Pernicious anaemia ...	6	6	12
Prostatic conditions ...	10	8	18
Acute Rheumatism ...	1	3	4
Senility ... ...	14	38	52
Tuberculosis ... ...	5	2	7
Coronary Thrombosis ...	1	6	7
Worms ... ...	1	6	7
Ulceration of legs ...	10	3	13
Inclassified during period 5/7/48 to 1/9/48 ...	—	—	206
	—	—	—
	184	446	836
	—	—	—

## SECTION 26—VACCINATION AND IMMUNISATION

This section repeals the Vaccination Acts of 1867 to 1907, and gives local health authorities to secure by education and persuasion that compulsion had shown itself increasingly powerless to do. It requires local health authorities to make arrangements with medical practitioners for vaccination against smallpox, and immunisation against diphtheria, and empowers the Minister to approve or direct the making of similar arrangements against any other disease. The carrying out of these procedures is deemed to be a service within the contract between local Executive Councils and General Medical Service Practitioners and so the local authority is not required to make any payment for the treatment: it is, however, required to pay for the record of the treatment, but terms are yet to be agreed between the Minister and the profession.

The Council's proposals included the provision of special clinics for the performance of vaccination and immunisation, as well as educational work to popularise acceptance of these measures. They also include the provision of facilities for immunisation against whooping cough when this is recommended by the M.O.H. which will be when an antigen of proved efficacy is available, and when we can reassure parents about the absence of side-effects.

## VACCINATION

The following vaccinations were recorded during the year:—

<i>By whom vaccinated</i>	<i>1/1/48 to 4/7/48</i>	<i>5/7/48 to 31/12/48</i>	<i>Total</i>
(a) <i>Public Vaccinators</i>			
(i) Primary	288	—	288
(ii) Re-vaccinations	35	—	35
(b) <i>Private practitioners</i>			
(i) Primary	—	194	194
(ii) Re-vaccinations	—	94	94
(c) <i>At Council's Clinics</i>			
(i) Primary	—	26	26
(ii) Re-vaccinations	—	1	1
	<hr/>	<hr/>	<hr/>
Total	323	315	638
	<hr/>	<hr/>	<hr/>

## IMMUNISATION

Number of children who completed a course of primary immunisation during the year:—

<i>(a) At Council's Clinics</i>	<i>1/1/48 to 4/7/48</i>	<i>5/7/48 to 31/12/48</i>	<i>Total</i>
(i) Children under 5	713	781	1494
(ii) Children 5-14	45	48	93
(b) <i>By private practitioners</i>			
(i) Children under 5	—	214	214
(ii) Children 5-14	—	10	10
	<hr/>	<hr/>	<hr/>
Total	758	1053	1811
	<hr/>	<hr/>	<hr/>

Number of children who were given a secondary or reinforcing injection:—

	<i>1/1/48 to 4/7/48</i>	<i>5/7/48 to 31/12/48</i>	<i>Total</i>
(a) <i>At Council's Clinics</i>			
	154	167	321
(b) <i>By private practitioners</i>			
	—	7	7
	<hr/>	<hr/>	<hr/>
	154	174	328
	<hr/>	<hr/>	<hr/>

## SECTION 27—AMBULANCE SERVICE

The local health authority's duty is "to secure that ambulances and other means of transport are available where necessary, for the conveyance of persons suffering from illness or mental defectiveness expectant or nursing mothers, and illness includes any injury or disability requiring medical or dental treatment or nursing," and power given to make arrangements with voluntary organisations.

The Council's proposals, in essence, were that the St. John Ambulance Brigade should continue the invalid transport service which it had provided for many years, and in addition take over from the police, the accident ambulance service. The Health Committee was to continue to provide the infectious diseases ambulance service direct, and to employ the hospital car service for sitting case car work. The Ambulance Brigade was to be reinforced where necessary from local authority sources and powers were taken to make arrangements for the provision of ambulance vehicles on loan to the Brigade as well as to make available garages and ambulance stations upon agreed terms for use by the Brigade.

In formulating these arrangements the Health Committee was fully cognisant of the magnitude of the service it expected from a voluntary body and the difficult situation which would follow the default or the demise of that body. It was of the opinion, however, that an existing voluntary body should not be superseded while it could give the service required, and there was a sense of obligation to encourage the survival of voluntary agencies now threatened by current fashions in thought and social organisation.

The Health Committee was fortunate in having on their staff, their chief clerk, Mr. E. A. Beasant whose experience of civil defence work had made him completely familiar with the problems of an ambulance service, and persona grata, with members of the Brigade and the Nursing Division. He was appointed Ambulance Officer, and has been responsible for all the detailed arrangements involved. As was expected by those who knew him, the work has been carried out faultlessly.

It is proper to pay tribute to the work of the St. John Ambulance Brigade and in particular to the Superintendent, Mr. W. J. Clitter. The Brigade met all its obligations in an exemplary manner, sometimes in most adverse weather conditions, and the town has been indeed well served. Furthermore, the Brigade has maintained and increased its ambulance fleet, and owing to wise planning and lively executive action, has apparently experienced no serious difficulties in regard to the supply of new vehicles.

The financial arrangements are summarised below, as also are the statistics kindly supplied in part by Mr. Clitter.

The successful partnership between the local health authority and the St. John Ambulance Brigade owes something to a consultative committee to which, from the outset, the Health Committee attached great importance. The chairman and vice chairman of the Health Committee together with the M.O.H. and the ambulance officer regularly meet Mr. Clitter and his officers to discuss the working of the service and to make suggestions for their improvement. In the beginning, the experience and personality of the then chairman and Mayor, Alderman S. F. Johnson, J.P. were invaluable in reassuring those who feared interference in the internal affairs of the Brigade, and a threat to its independence; instead there has been a growth of mutual understanding and goodwill.

which promises well for the future. Possibly the officers of the Brigad value this arrangement highly because it permits them to deal with council members and not solely with the council officers, but whatever the reasons for its success, neither side would like to see an end to the consultative committee.

The hospital car service has also been most efficient and the Committee is much indebted to Mrs. Foreman, who gives up a great deal of time to organise this work, and to her team of drivers who have never failed the department or its patients.

Careful and conscientious administration is essential for the proper running of an ambulance service, for it is often easier to agree to a long and fatiguing cross-country journey by road than to take the trouble to make a better and more economical alternative.

The ambulance service, by its very nature, lends itself to abuse, by almoners and doctors who are insufficiently selective in their recommendations, and by patients who insist on having their rights under the new Act. Reasonable and sustained administrative action can do much to remedy this, and on the whole, we believe there has been little room for legitimate complaint. Drivers are quick to note and resent abuse of the service, and doctors and almoners have been very helpful when approached in a reasonable way; from the outset full use has been made of the extensive facilities provided by the railways for the conveyance of patients, and the department is much indebted for a great deal of assistance.

## AMBULANCE SERVICE — 5th July to 31st December, 1948

No. of vehicles available	No. of cases conveyed to Southend	No. of cases conveyed to General Hospital	No. of cases conveyed to Isolation Hospital	No. of cases conveyed to Hospitals etc., outside the Borough	No. of cases conveyed to Nursing Homes and misc. journeys in the Borough	No. of Accidents	Total mileage
(In-Patients)	their homes or Hospitals in the Borough (mainly Out-Patients)						

33

### Ambulances:—

St. John Ambulance Brigade	5	697	—	1,269	—	100	89	603	29,967
Infectious Disease Ambulances	2	6	1	112	134	15	39	—	3,187

### Sitting Case

#### Cars:—

Hospital Service Corporation	Car	20	—	2,110	45	—	131	8	—	24,873
Transport Pool	10	—	—	—	—	—	8	12	—	738

The arrangement with the St. John Ambulance Brigade provides the following payments:—

A fixed sum of £1,000 per annum in respect of the accident service.

Patients removed to or from the General Hospital, Southend, or other address within the area of the Authority. 8s. 6d. per case.

Patients removed to or from the General Hospital, Rochford, or Connaught House, Rochford. ... . . . . 12s. 6d. per case.

Patients removed to or from Runwell Mental Hospital £1 1s. per case.

Patients removed to or from places outside the area of the Authority. 1s. 0d. per mile.

Payment to the Hospital Car Service is on the basis of 6½d. per mile which includes ¼d. per mile towards administrative costs.

Payments to the St. John Ambulance Brigade and the Hospital Car Service respectively during the year were:—

	St. John Ambulance Brigade	Hospital Ca Service
	£ s. d.	£ s. d.
July ...	192 7 6	81 12 6
August ...	247 11 1	100 0 9
September	226 18 7	101 14 10
October	263 5 6	115 13 3
November	264 0 9	115 16 8
December	281 6 6	133 15 5
Accident Service	500 0 0	— — —
Total	£1,975 9 11	648 13 5

## SECTION 28—PREVENTION OF ILLNESS, CARE, AND AFTER CARE

The Section confers wide powers, which if developed with imagination, may provide great scope for local authorities, and help to counterbalance the bias of the health service now overwhelmingly in favour of curative medicine. It prohibits money payments, a provision which those with experience of the Blind Persons Acts, the Mental Deficiency Acts and Memo 266/T must welcome without reservation, since the local public health department is concerned with payments and charges, and better for its work.

As was the intention of the Minister, the first emphasis of the Council's proposals is on tuberculosis, but plans are made in regard to health education, a welfare service for the deaf, the loan of nursing requisites and, of course, the provision of convalescent treatment.

After-care work for tuberculosis patients is carried out by the tuberculosis After-Care Sub-Committee of the Southend-on-Sea Civic Guild of Help, on which two members of the Health Committee sit with a consultative physician for tuberculosis, and your chief clerk. There is complete integration with the work of the health department and the arrangements are satisfactory.

The Council makes an annual grant to the Civic Guild which, this year, amounted to £500. Some particulars of the cases assisted during the year has kindly been furnished by the Secretary and are given below.

Since July 5th, applications for convalescent treatment have been received and all have been investigated by the health visitors; charges are made in accordance with the recommendations of the financial advisers to the local authorities. Convalescent treatment for school children is provided by the Education Committee under the Education Act 1944 and, consequently, no charge is made.

One interesting development has been the provision of after-care accommodation for patients recovering from mental disorders, in the homes of the Mental After-Care Association. Initially this is provided under section 28 powers, but when it appears that the stay in the home is likely to be continued for longer than 12 months, resort is had to the powers of Part III of the National Assistance Act 1948.

As regards nursing requisites, no formal arrangements have yet been made, nor have they been urgently necessary. The St. John Ambulance Brigade has, for some years, gradually built up a very good stock of nursing requisites which are available on loan to residents who may require them. It is probable that the Council will seek to encourage the extension of these arrangements, by giving financial assistance to the Association rather than develop its own scheme which could be quite costly to administer. In special cases where unusual and expensive equipment is required for individual cases, the Council could probably provide this on loan to the Association.

## STATISTICS

### TUBERCULOSIS AFTER CARE

Type of Assistance	Number Assisted	Cost £ s. d.
clothing ... ... ...	60	221 10 9
ravel vouchers to visit patients in Hospitals and Sanatoria ...	43	63 10 10
bedding (to enable patients to occupy separate rooms) ...	6	26 11 9
domestic assistance not available under official scheme ...	4	25 12 6
coal ... ... ...	4	4 12 6
miscellaneous ... ... ...	28	88 7 2
<b>Totals ... ... ...</b>	<b>145</b>	<b>£430 5 6</b>

### CONVALESCENT AND AFTER CARE HOMES

From 5th July to 31st December eight patients were provided with treatment in Convalescent Homes for periods varying from one week to three months at a total cost of £106 11s. 8d. towards which patients and their liable relatives were required to refund £13 2s. 0d.

During the same period five patients were provided with accommodation in Mental After Care Homes of the Mental After Care Association at a net cost of £167 4s. 11d.

### HOME NURSING REQUISITES

Mr. Clitter, Superintendent of the local Division of the St. John Ambulance Brigade, has kindly supplied the following information relating to home nursing requisites loaned from July 5th until the end of the year:

Patients assisted	...	...	...	...	285
Articles loaned	...	...	...	...	1040
Average period of loan	...	...	...	...	1 month

The articles loaned were bed pans, urinals, air-rings, waterproof sheets, hot water bottles, air beds, water beds, back rests, bed cradle, bed tables, wheel chairs, etc.

### SECTION 29—DOMESTIC HELP

Under this section domestic help can be afforded to household where it is required owing to the presence of any person who is ill, lying in, an expectant mother, mentally defective, aged or a child not over compulsory school age.

The Council's proposals are for the development of a scheme which had already shown itself to be well designed and administered. As first step a total of 1,500 woman-hours per week is aimed at.

The only change which took place on the appointed day was the transference of the nett deficiency, that is the difference between the amount expended on the scheme and the sum collected from the person assisted, from central funds, to the local authority account, when grant of 50 per cent. became payable.

The part-time worker is the backbone of the service and in spite of objections which the theorist and idealist may find, is likely to remain so, for the employment of a large number of whole-time personnel would be wasteful, and increase very materially the cost of the service to the user. It is also the case that many of these part-time workers would be lost to the service if they were called upon to work longer than they find it either convenient, or expedient to do.

Charges for assistance under the scheme are assessed in accordance with the recommendations approved by the local authority associations. In special instances variations are approved by the case sub-committee.

which also reviews periodically the amount and duration of the assistance given to any household. There is no limit imposed for the continuance of assistance, each case being taken on its merit. At the end of the year there were 14 full-time workers, 44 regular part-time and 4 casual workers, the weekly average of hours worked during December being 1,486. In that month, 108 households received assistance, 40 for the first time. Of the remainder 23 had been helped for periods of up to three months, 12 between three and six months and 33 for over six months. Help was withdrawn from 40 households during the same period.

The Supervisor, Mrs. F. E. M. Goddard, reporting, makes the following points: "No really urgent case has gone unassisted although it has not been possible to give all the help which was quantitatively needed for. There are some elderly people who have been assisted continuously for two years and who could not continue without the scheme.

No serious complaints or misdemeanours have come to notice though there have been some allegations of unpunctuality and bad house keeping. There has been no dearth of applicants for employment if the right type of woman for this work is not readily found; the labour turnover has been surprisingly small, 18 workers have been employed for two years and the majority have at least six months' service. There is difficulty in dealing with premises where owing to long continued neglect or incapacity conditions are disgusting. So far volunteers have always been forthcoming to deal with such cases but the most public spirited and responsible of the workers are taking more than their fair share of the burden. There is room for special arrangements and the engagement of special "shock troop" personnel to deal with households of this kind."

#### DOMESTIC AND HOME HELP SCHEME 1948

<i>Period</i>	<i>ie following staff were employed:</i>		<i>Period</i>
1/1/48 to 4/7/48	1/1/48	on 4/7/48	5/7/48 to 31/12/48
7	5	Full time	5
42	41	Regular part-time	41
3	6	Casual	6

#### *Number of cases assisted:*

1/1/48 to 4/7/48	Domestic Help Cases ...	202	5/7/48 to 31/12/48	Domestic Help Cases ...	213
	Home Help Cases ...	61	of these	Home Help Cases ...	87

1/1/48 to 4/7/48—131 were assisted for under 1 month; 76 for 1 to 3 months; 32 for 3 to 6 months; 24 for over 6 months.  
 5/7/48 to 31/12/48—159 were assisted for under 1 month; 88 for 1 to 3 months; 27 for 3 to 6 months; 26 for over 6 months.

## ASSESSMENTS:

	1/1/48—4/7/48		5/7/48—31/12/48	
	D/H	H/H	D/H	H/H
FREE ... ...	49	7	58	9
10/- per week and under	34	18	46	19
Over 10/- and under £1	11	6	16	13
£1 to £1 10s. ... ...	24	11	24	28
Over £1 10s. to £2 ...	5	4	7	5
Over £2 to £3 ... ...	4	2	10	4
Over £3 to £4 ... ...	1	5	2	1
FULL COSTS ... ...	74	8	50	8

## WAGES AND COLLECTIONS:

1/1/48—4/7/48				5/7/48—31/12/48			
D/H	H/H	D/H	H/H	D/H	H/H	D/H	H/H
£2,961 19 6	£312 4 2	£3,047 3 5	£411 18				

*Total wages paid:—*

D/H	H/H	D/H	H/H
£2,961 19 6	£312 4 2	£3,047 3 5	£411 18

*Total Collections:—*

D/H	H/H	D/H	H/H
£834 12 8	£111 12 10	£647 6 4	£83 17

## SECTION 51—MENTAL HEALTH SERVICES

The National Health Service Act amends certain of the enactments relating to mental illness, these changes of interest and importance the administrator call for little comment here. What is important that the machinery for the admission of patients passes from lay medical control and opportunity is given to medical administrators end some practices which have not been in the interest of the patient nor acceptable to the better type of general practitioner. The officers do this work are designated duly authorised officers who are successors of the relieving officers.

One other point of importance emerges. In the past the local authorities have had the duty of ascertaining mental defectives, deciding how they should be dealt with and of providing the institutional care which was adjudged necessary. They retain the first function advise about institutional care. They cannot provide this however being dependent on the Regional Boards, nor have they any decisive voice on the equally important question as to the fitness for returning the community of a defective who has been institutionalised.

The Town Council has not set up a special sub-committee to deal with the mental health services. In the proposals, which have been approved by the Minister, willingness to review this decision is expressed.

The Corporation partnered the East Ham Council in the building of the new mental hospital at Runwell, and its members therefore have an informed interest in this work. Both they and the M.O.H. look to the Physician Superintendent, Dr. R. Ström-Olsen, for advice in

Planning and administration of the mental health services and this occasion of acknowledging the great value of his assistance is most gratefully accepted.

The appointment of the M.O.H. and other medical officers as duly authorised officers, is as far as is known, unusual, but even in the short time since the Act came into operation, the arrangement has succeeded and promises well for the future, mainly because the lay staff have medical colleagues to whom they can look for assistance and advice.

The staff of the section is as follows:—

Medical Officer of Health: Chief Duly Authorised Officer; Deputy M.O.H.: Deputy Chief Duly Authorised Officer; Assistant M.O. (Dr. Greenhalgh): Duly Authorised Officer; Mental Deficiency Officer: Miss M. A. Brock (University of London Social Studies Certificate); Mental Welfare Visitor (Duly Authorised Officer): Mr. W. Price; Welfare Visitor (Duly Authorised Officer): Mr. E. W. Smith.

Since the appointed day, Miss Brock has undertaken additional duties as Mental Welfare Visitor and her training and experience have been very useful in dealing with certain problems arising out of her new responsibilities. For some months she attended the psychiatric out-patient sessions at the Southend General Hospital, where she investigated case histories and generally acted as a link between the clinic and this department. The ordinary work of duly authorised officer is carried out by Mr. Price, formerly assistant relieving officer and Mr. Smith, who had acted as a temporary assistant relieving officer. These officers are on call for very substantial periods and annual leave and absences due to sickness bear heavily on them. Opportunity will, no doubt, be taken to alter the title of Mr. Smith's appointment to mental welfare visitor, and arrangements have been made for him to attend a six weeks' course of instruction arranged by the Central Council for Mental Health.

The staff has, however, been kept small with the object of preventing any extraneous duties from gravitating to it, the only extraneous responsibility so far placed on it being in connection with the safe custody of patients' property, National Assistance Act 1948 Section 48, and enquiries under Section 50.

With a view to relieving Miss Brock and broadening Mr. Smith's experience, the duty of supervising and visiting certain male defectives has been placed on the latter.

Relief of the staffing difficulties will come with the expansion of the mental health services, when we can make better provision for prevention and the community care of the patient who never requires hospitalisation.

As to co-ordination with the Regional Hospital Boards and Hospital Management Committee, this is chiefly informal and at officer level, but it is, nevertheless, close and effective. The proposals submitted under Section 51 provide for effective co-ordination in that they allow of the discharge of duties by your officers on behalf of the Hos-

pital Management Committees and reciprocal arrangements in respect of officers employed by those committees. The supervision of former in-patients living in Southend by the Runwell hospital staff is both practicable and easy so that in general your officers have not undertaken this work, although in certain special instances we have done at the request of Dr. Ström-Olsen. The position as regards patients on licence from Mental Deficiency Institutions is completely different the department being responsible for the supervision and the submission of requisite reports. In fact, your officers have continued to give the same range of service as was provided before the appointed day.

No arrangements have been made with voluntary associations except that the National Association for Mental Health supervise three defectives under guardianship placed by them in another area, and that the Brighton Guardianship Society were dealing with three defectives on your behalf at the end of the year.

One of the problems which remain to be resolved is the relationship between the psychiatric social workers employed by mental hospitals and the duly authorised officers of the local health authorities. The former are nearly all women who have undergone a rigorous professional training, the latter are largely men who have graduated in the hard school of experience as relieving officers. The psychiatric social worker has the satisfaction of seeing the patient respond to medical treatment and of helping him on his return to his home, but the duly authorised officer has the responsibility, and not infrequent unpleasantness, of removal, after which the patient passes from his ken. It is said by some that the association of the psychiatric social worker with any of the formalities of admission to hospital may jeopardise future relations with the patient, an opinion which must command respect. However, it should be possible to arrange that a psychiatric social worker involved in admission procedure does not continue the supervision of the patient who resents what has happened. In spite of the obvious difficulties the effort should be made to extend the interest and professional opportunity for the duly authorised officer and to ensure his willing recognition as an essential member of the psychiatric team.

Against a background of these generalisations the work of our duly authorised officers shows to advantage. There is already a disposition to make less use of Section 20 (three day order) in favour of other procedures, so that a patient who requires treatment in a mental hospital does not pass through the "observation ward" of another and general hospital.

The duly authorised officers have been successful in some more unpromising and difficult circumstances, in persuading patients to accept treatment voluntarily, and have shown zeal, initiative and resource in dealing with others. Where-ever the psychiatrist has suggested that the department can assist in after care of the hospital or clinic patient the opportunity thus given has been taken, and there is no doubt that the work of these officers has been valued.

There has been good contact with the psychiatric social workers, and the health department generally has done its best to provide the particular service required, be it domestic help, residence in a convalescent or after care home, or assistance in caring for children through the Children's Officer.

We have tried with success to obtain better and more detailed case histories to accompany the patients admitted to hospital through the agency of the department and we believe that the hospitals value this service. Likewise the hospitals have furnished us with information about the progress and disposal of the patients and we are building up a central record which is valuable when as so often happens, the same patient requires our help on later occasions.

The Council has sought to improve the conditions under which removals are carried out by authorising the employment of trained mental nurses to assist and accompany the duly authorised officers.

The law affecting mental ill health has cast long shadows, not all of which have disappeared. Not all medical practitioners are fully aware of the possibilities of modern psychiatry, so that treatment is sometimes delayed. When action is decided on, some doctors do not seem to appreciate the scope of the indemnity afforded by Section 16 of the Mental Treatment Act 1930, and are rather unwilling to identify themselves closely with compulsory action, with the result that the duly authorised officer may be forced to accept responsibilities which are not properly his and to make decisions which may be essentially medical in character. There appears to be scope for further co-operation between the specialists and the general practitioner in this matter which could only result in increased benefit to the patient.

Because of shortage of accommodation the Regional Hospital Board has not been able to secure better classification of patients in the observation wards at the General Hospital, Rochford, and more particularly the removal of those mental defectives, who have for lack of more suitable alternatives been placed there from time to time.

The reorganisation of these wards, already linked to Runwell Mental Hospital by the appointment of Dr. Ström-Olsen on the staff of the hospital, would be a welcome addition to the facilities for treatment. During the first few months of this new service some difficult and unfamiliar problems have presented themselves.

The Health Committee continued to grant to the Southend Psychiatrist Therapeutic Social Club, founded by Dr. Ström-Olsen and conducted by the staff of the Runwell Hospital, the financial assistance previously given by the Social Welfare Committee.

The Health Committee have maintained in "after care" homes, under their Section 28 powers, patients previously maintained by the Social Welfare Committee, and have provided additional patients with this after care and patients with convalescence on the recommendation of Dr. Ström-Olsen.

As regards mental deficiency there is less to report. By degrees one of the duly authorised officers has been inducted into the work of this section and is now taking a responsible share in it.

The powers of the National Assistance Board to pay allowances to adult defectives have been shown to be the most potent help in "ascertainment." Defectives who were lost sight of during the evacuation period have been brought to notice and there are parents who have obstructed our attempts at supervision in the most blatant and offensive manner who have not hesitated to avail themselves of the opportunity of financial assistance, so much so that the parental recognition of defect seems to have been assisted by the possibility of financial assistance.

#### MENTAL ILLNESS: 5/7/48 to 31/12/48

		Males	Females	Total
<i>Patients admitted to Runwell Hospital:—</i>				
Lunacy Act, 1890.				
(a) Section 11. Urgency Order ...		—	1	1
(b) Section 16. Summary Reception	13	23	36	
Mental Treatment Act, 1930.				
(a) Section 5. Temporary Patients		—	4	4
(b) Section 1. Voluntary Patients ...	11	14	25	
(c) Section 1. Voluntary Patients, ... direct admissions ...	24	50	74	
<i>Patients admitted to Rochford General Hospital, Observation Wards:—</i>				
Lunacy Act, 1890. Section 20 (3 day orders) ... ... ... ...	15	25	40	
Total ... ... ... ...	63	117	180	
<i>Cases referred to the Department in which no statutory action was taken ... ...</i>		23	30	53

#### MENTAL DEFICIENCY: 1/1/48 to 31/12/48

Number on Register at end of year	Males	Females	Total
179	179	170	349
<b>INSTITUTIONAL CARE AS ON 31/12/48</b>			
(By Regional Hospital Board from 5.7.48 onwards)			
Royal Eastern Counties Institution ...	39	26	65
South Ockendon Colony ...	2	—	2
Royal Earlswood Institution ...	4	2	6
Hortham Colony ...	1	3	4
Princess Christian's Farm Colony ...	5	3	8
Stretton Hall ...	1	—	1
Stoke Park Colony ...	1	—	1

Harmston Hall ...	...	...	1	—	1
St. Theresa's ...	...	...	—	2	2
Royal Western Counties Institution ...			1	1	2
New Lodge, Billericay (Formerly the Mutual Sanatoria) ...	...	...	5	—	5
Royal Fort Home ...	...	...	—	2	2
Leytonstone House ...	...	...	—	3	3
Rochford General Hospital ...	...	...	5	4	9
Connaught House ...	...	...	4	6	10
Other residential accommodation ...			2	5	7
Total ...	...	...	71	57	128

## COMMUNITY CARE

### ASCERTAINMENT

New cases reported and investigated during the year.

	Referred by		Males	Females	Total
1.	Chief Education Officer ...	...	1	3	4
2.	National Assistance Board ...	...	2	6	8
3.	Hospital or medical attendant ...	...	3	1	4
4.	Relatives ...	...	1	2	3
5.	Police ...	...	—	—	—
6.	Other Local Authorities on removal ...		2	4	6
7.	Other sources ...	...	8	11	19
			17	27	44

Disposal of cases reported during the year.

		Males	Females	Total
1.	Admitted to Institutions (By Order) ...	2	—	2
2.	Placed under Statutory Supervision ...	4	7	11
3.	Placed under Voluntary Supervision ...	5	13	18
4.	Found not mentally defective ...	2	2	4
5.	Died or removed from area ...	—	2	2
6.	Action not yet taken ...	4	3	7
		17	27	44

		Males	Females	Total
Total number of defectives under community care on 31/12/48 ...	...	108	113	221
Total number awaiting admission to M.D. Institutions ...	...	17	20	37

*Guardianship and Supervision as on 31/12/48*

		Males	Females	Total
Cases under Guardianship within the Borough	... ... ...	2	2	4
Cases under Guardianship outside the Borough	... ... ...	1	4	5
In places of safety	... ... ...	2	1	3
In a nursery home	... ... ...	—	1	1
Under Statutory Supervision	... ...	61	54	115
Under Voluntary Supervision	... ...	32	41	73
On licence within the Borough	... ...	4	3	7
On licence outside the Borough	... ...	6	7	13
		108	113	221
Guardianship Cases supervised on behalf of other Authorities during the year	... ...	1	5	6
Licence Cases from other Authorities	... ...	4	3	7

**TRAINING:**

	Males	Females	Total
Patients in attendance at Day Occupation Centres (Brighton Guardianship Society)	—	2	2

**SANITARY CIRCUMSTANCES OF THE AREA****WATER**

The water supply which was described in detail in the Report for 1944, is provided by the Southend Waterworks Company, except in the Shoebury area where it is derived from deep wells under the control of the Corporation, continued satisfactory in quantity and quality. The statutory undertakers are required to provide water which contains no more than 150 parts per million parts hardness.

With the exception of a few houses still served by shallow wells it is completely piped and has no plumbo-solvent action. The chemical and bacteriological characteristics continued unchanged, all the pipe supplies are chlorinated.

**SANITARY INSPECTION OF THE BOROUGH**

Mr. R. A. Drake, B.E.M., M.R.S.I., chief sanitary inspector, report as follows:—

## COMPLAINTS AND VISITS BY INSPECTORS

				Complaints	Visits
General housing defects	...	...	...	2,321	8,971
Defective draining systems	...	...	...	217	984
Blocked drainage systems	...	...	...	203	821
Absence of or defective dustbins	...	...	...	103	352
Dirty conditions of houses or rooms	...	...	...	79	629
Animals improperly kept	...	...	...	22	176
Overcrowded and unsatisfactory housing conditions	...	...	...	371	988
Insect pests	...	...	...	11	52
Fly nuisances	...	...	...	4	36
Deposits of refuse on vacant land and back passages, etc.	...	...	...	73	461
Caravans	...	...	...	23	87
Smoke nuisances	...	...	...	48	253
Miscellaneous	...	...	...	43	479
<b>Total</b>	...	...	...	<b>3,518</b>	<b>14,289</b>

The number of complaints received totalled 131 more than during last year. The number of complaints regarding defects to houses, subject to rent restrictions, must be expected to grow, because while the cost of repairs has risen very markedly, rents remain substantially the same as in 1939. In these circumstances difficulties arise in securing the execution of most essential repairs.

Energetic measures have been taken to obtain compliance with 536 notices requiring the remedying of defects to properties and the abatement of nuisances, 15,873 re-inspections being made.

## ABATEMENT OF NUISANCES

Number of premises where nuisances were found to exist	...	...	...	...	2,426
<i>abated—</i>					
after service of informal notices	...	...	...	1,366	
after service of statutory notices	...	...	...	170	
without notice	...	...	...	507	
				—	2,043
Number of premises in process of being dealt with on 31st December, 1948	...	...	...	...	383

Proceedings were instituted against five owners who failed to comply with the requirements of the statutory notices. In each case the Court made Nuisance Orders, and in two instances where these were not complied with, the Corporation did the work, recovering the cost.

## HOUSING

### (a) *Unfit Houses*

The eight houses scheduled in 1939 as requiring action to ensure demolition are still occupied, but the condition of some of these has deteriorated so considerably during the year that notwithstanding the continued shortage of houses, it will be necessary in the near future to recommend their demolition.

A Closing Order, under the Housing Act, was made in respect of a small shed, situated in the garden of a house, which was being lived in.

### (b) *Repair to Houses*

The shortages and supply difficulties encountered since 1939 are having a cumulative effect on the condition of the older houses in the Borough, some of which now need complete reconditioning. It has been the department's policy to require only essential repairs to properties, instead of seeking to ensure that they are made fit in "all respects" as would be obligatory if Housing Act procedure were invoked. It will, however, be necessary to use these powers in a modified form to prevent the deterioration of houses to such an extent as to call for scheduling for demolition.

### (c) *Overcrowding*

Three hundred and seventy-one complaints of alleged overcrowded conditions were received; the majority came from persons who required to be rehoused, their names being already on the Council's Housing Register. Each case was carefully investigated, and where it was found that statutory overcrowding existed, or the conditions under which the families were living were considered to be detrimental to health, reports were submitted to the Housing Committee for their consideration.

Because of the serious housing shortage, it has not been practicable to recommend statutory action against occupiers in all cases where overcrowding, according to legal standards, has been discovered. In three cases of gross overcrowding the responsible persons were required to remedy matters, and arrangements were made whereby some of the persons occupying the houses were accommodated elsewhere.

### (d) *Service Department Camps*

The hutments sited on two unoccupied army camps are used for housing purposes. Eight of the huts on one site have been demolished because their condition deteriorated so much. The provision of sanitary conveniences, water supplies, etc., has improved the conditions of the occupants of the huts, but they still afford very sub-standard accommodation.

## FILTHY AND VERMINOUS HOMES

The number of complaints received under this heading was 79 as compared with 86 last year. The department now has a considerable number of these cases under regular supervision, 629 visits being made for this purpose. The provisions of Sections 83, 84 and 85 of the Public Health Act 1936, were applied in 10 cases after informal action had failed to improve conditions.

Section 47 of the National Assistance Act 1948, was invoked against two aged and infirm persons, living under insanitary conditions, and unable to devote to themselves, or to receive from persons with whom they resided, proper care and attention, and Orders were made for the detention of both in Connaught House. The individuals had been under supervision for a long time, all our efforts to obtain an improvement in their home conditions having proved unavailing, and it was pleasing to find both patients happy in their new quarters where they were content to remain.

There is a number of aged persons, the sole occupants of their houses, who are using only one or two rooms, being incapable of maintaining the whole of the house. It is to be regretted that they cannot be required to accept suitable alternative accommodation, reasonable for their needs, thus freeing houses for young families who are now compelled to live in sub-let rooms under overcrowded and difficult conditions.

The department treated 305 rooms for vermin infestations.

## CAMPING SITES

Two camping sites were licensed during the year; they were well maintained, the conditions of the licenses being closely observed. Both are now provided with sanitary conveniences connected to the Council's sewers, and the employment of male and female attendants ensures that these are well maintained.

The occupier of one camping site installed a boiler to provide a supply of hot water for the use of the campers, who took full advantage of this amenity, both for personal and for domestic purposes.

During July and August when the camps were booked to capacity, many people camped on vacant land in their vicinity. On one field alone 133 tents, caravan trailers, etc., were counted, and but for the action of the occupier of the adjacent licensed camp in permitting the campers to use the sanitary conveniences and water supply, etc., provided for his camp, a serious nuisance would have arisen. The owner of the land was required to secure the removal of the unauthorised campers, who, as usual, left it in a deplorable condition, which he had to put right.

## RAT DESTRUCTION

Two hundred and fifty-one complaints were received during the year, in dealing with which, 785 visits were made. A survey was made of the whole length of our foreshore, 1,074 test baits being laid where it

was considered there was the possibility of rat infestation, and 5 "takes" were obtained. Pre-baiting and poison baiting were carried out at these points where 37 dead rats were later found.

It was necessary to serve a notice on the owner of unoccupied premises to deal with a rat infestation there.

### SMOKE ABATEMENT

Of the 48 complaints received of nuisances arising from smoke from chimneys, 23 related to the chimneys of dwelling houses and 9 to slow combustion stoves used for heating purposes in small factories. These latter were caused by the use of unsuitable fuel and remedied by a change of fuel. The remaining 16 complaints related to two laundries. The co-operation of the Ministry of Fuel and Power was readily forthcoming in ascertaining the cause of the nuisances, and detailed advice was given to both firms as to improvements to the furnaces and stoking methods. This was acted upon, and the emission of smoke from the chimneys was considerably reduced.

### HOUSEBOATS

The powers obtained under the Southend-on-Sea Corporation Act 1947, to deal with the houseboats and ancillary structures situated in Leigh Creek were brought into operation, and of the 170 houseboats etc., moored in the Creek, 144 had been removed or demolished by the end of the year.

### PARTICULARS OF:—

#### (a) Enquiries re— .

Notifiable diseases	...	...	...	...	298
Contacts	...	...	...	...	89

#### (b) Other visits or inspections —

Marine store dealers	...	...	...	...	87
Piggeries	...	...	...	...	321
Pharmacy and Poisons Act enquiries			...		248
Registration of hotels, boarding and apartment houses	...	...	...	...	671

### INSPECTION AND SUPERVISION OF FOOD

#### A. MILK SUPPLY

The 11 cowsheds situated in the Borough have been maintained in a satisfactory manner throughout the year. Three hundred and sixty two inspections were made.

Four of the dairy farmers are licensed to produce Accredited Milk, and one Tuberculin Tested Milk. The milk from these herd is retailed by local dairymen.

Licences pursuant to the Milk (Special Designations) Regulations, 1936-46, were issued as follows:

	<i>No. of Premises Licensed</i>
To produce tuberculin tested milk	1
To produce accredited milk	4
To pasteurise milk	4
To distribute tuberculin tested milk	11
To bottle tuberculin tested milk	2

During the year 327 samples of milk were submitted for bacteriological examination with the following results:

	<i>No. of samples</i>	<i>Passed</i>	<i>Failed</i>	<i>Remarks on unsatisfactory samples</i>
Pasteurised	... 100	98	2	Milk under-treated due to minor defects in plant.
Heat Treated	... 24	23	1	Milk not being retailed as Heat Treated.
Sterilised	... 52	52	—	
Tuberculin Tested	... 128	112	16	14 of the samples were of Tub. Tested (Certified) Milk and were produced and bottled on farms situated outside the Borough. The remaining 2 samples were of milk produced at farms outside the Borough but bottled at a local dairy. The unsatisfactory condition of these 2 samples was due to the inadequate sterilisation of bottles.
Accredited	... 23	20	3	All from one farm, due to temporary breakdown to sterilising apparatus.
	327	305	22	

Twenty-four samples of milk were submitted for biological examination for the presence of tubercle bacilli; two examinations were inconclusive; the remainder were reported to be negative.

Inspection of dairies, plant and equipment, totalled 487 during the year. Only four complaints were received by the department about the delivery to householders of milk in dirty bottles; each case was investigated and the responsible dairymen cautioned.

#### B. ICE CREAM

The number of premises on the register at the end of the year is shown in the following table:—

<i>Type of registration</i>	<i>Number</i>
Manufacturers	49
Vendors	344
Total	393

In addition, three applications for the registration of premises for the manufacture, storage and sale of ice cream and five for the storage and sale, were being dealt with at the end of the year.

Applications for registration of premises for the storage and sale of ice cream were refused in four instances; in one case one applicant appealed, the Justices dismissing the Appeal and requiring the Appellant to pay one guinea costs.

A total of 895 visits to ice cream premises was made during the year.

The Ice Cream (Heat Treatment, etc.) Regulations 1947, setting out the requirements which must be observed in the manufacture of ice cream, came into operation on 1st May, 1947. Ministry of Health Circular 69/47 of April, 1947, discusses the possibility of making no compliance with certain standards, a statutory offence, and rejects this course as being unacceptable in the absence of a test of established reliability. It is not certain that this view would be universally accepted by bacteriologists experienced in this work. The circular advises that a form of methylene blue test appeared to provide the best test for bacterial cleanliness for the present purpose, and tentatively defined four grades as follows:—

Grade 1—	Methylene Blue Reduced in $4\frac{1}{2}$ hours or longer.
Grade 2—	„ „ „ „ „ $2\frac{1}{2}$ to 4 hours.
Grade 3—	„ „ „ „ „ $\frac{1}{2}$ to 2 hours.
Grade 4—	„ „ „ „ „ 0 hours (i.e., reduction at the end of the pre-incubation period).

Consistent failure to reach Grades 1 and 2 is regarded as indicating defects in manufacture or of handling, and calls for investigation.

During the year 215 samples were submitted to the Public Health Laboratory for bacteriological examination and were classified in accordance with the above-mentioned recommendations as follows:—

Satisfactory	...	...	...	145
Unsatisfactory	...	...	...	70

Considerable time was devoted to the investigation of the possible causes of the bacterial contamination of the samples reported unsatisfactorily. In all these cases the manufacturers were informed and their processes, equipment and methods of cleansing and sterilising employed were carefully scrutinised and advice given. Two wholesale manufacturers of ice cream made arrangements whereby the chief sanitary inspector gave short talks to members of their staffs, on the firms' premises. These were found to be helpful, particularly as it was possible to demonstrate on their own plant, equipment, etc., the possible sources of contamination.

The Southend Education Committee, in conjunction with the Ice Cream Alliance Ltd., made arrangements for a course of 10 lectures

suitable for members of the trade. The Ice Cream Alliance Ltd. arranged for lecturers to deal with trade subjects and the medical officer of health, the director of pathology, and the chief sanitary inspector dealt with the public health responsibility of the ice cream trader, the bacteriology of ice cream, and the common sources of contamination in ice cream, respectively. The course was very popular with both employers and employees, and the improved conditions of the premises, equipment and methods of handling ice cream in the factories and shops of those who attended the course, was evidence of its value.

### C. MEAT

#### *Slaughterhouses*

The home killed meat sold in the Borough comes from animals dealt with at a Ministry of Food slaughterhouse, in the area of a nearby authority whose inspector is assisted in making post mortem examinations by the Council's five qualified meat and food inspectors.

This arrangement continues satisfactorily, and ensures that all meat from this source is efficiently and promptly examined before it is deposited in our retailers' shops.

#### *Slaughter of Animals Act*

Seven applications were received for the renewal of licences to slaughter animals in slaughterhouses, all of which were granted.

#### PUBLIC HEALTH (MEAT) REGULATIONS

The following table shows the carcases inspected and condemned during the year at the Ministry of Food slaughterhouse:—

	Cattle excl. Cows	Cows	Calves	Sheep & Lambs	Pigs
Number killed . . .	1789	973	440	4009	352
Number inspected . . .	1789	973	440	4009	352
<b>All diseases except tuberculosis</b>					
Whole carcases condemned	1	7	1	13	7
Carcases of which some part or organs were condemned	416	150	2	12	9
Percentage of the number inspected affected with disease other than tuberculosis . . .	23.3	16.1	.6	.6	4.5
<b>Tuberculosis only</b>					
Whole carcases condemned	9	25	1	0	8
Carcases of which some part or organ was condemned	131	267	—	—	18
Percentage of the number inspected affected with tuberculosis . . .	7.8	30.0	.2	—	7.3

#### D. UNSOUND FOOD

In addition to the carcases, etc., condemned at the slaughterhouse foodstuffs were surrendered as being unfit for human consumption during the year as under:—

Canned goods	...	...	...	...	17,609	tins
<b>Fresh food—</b>						
Vegetables and fruit	...	...	...	...	823	lbs.
Fish	...	...	...	...	773	stone
Meat	...	...	...	...	5,687	lbs.
Miscellaneous	...	...	...	...	1,565	lbs.

#### E. INSPECTION OF FOOD PREMISES

Considerable attention was given to food premises during the year in the future more time will have to be spent in supervising these and the methods used there, now that the public, largely as the result of health teaching, are beginning to insist on their food being prepared and stored under hygienic conditions.

At present the law only requires the registration of premises used for the storage and sale of milk and the manufacture, etc., of ice cream, sausages and preserved food. It would be a considerable advantage if the registration of all premises used for the manufacture, storage, distribution or sale of food and drink could be required, and powers given to refuse or revoke registration when conditions were unsatisfactory.

Particular attention has been given this year to the education of food handlers at their place of work; in addition to giving instructions as to what is required of them to prevent contamination of food, the reasons for these requirements have been explained and the need for better personal hygiene stressed. Talks have also been given at managerial level to the bakery and meat trades on the problems associated with their particular businesses.

Number of visits of inspection made to:—

Restaurants, cafes, etc.	...	...	...	941
Butchers' premises	...	...	...	422
Provision shops	...	...	...	342
Fish shops	...	...	...	281
Bakehouses	...	...	...	139
Provision warehouses	...	...	...	62
Greengrocers	...	...	...	81
Other food premises	...	...	...	410

## FOOD AND DRUGS ACT, 1938

During the year 403 samples were submitted for analysis by the Public Analyst. The samples consisted of:—

	<i>Nature of Sample</i>	<i>Number</i>
Milk	...	229
Cooking fat	...	14
Sausages	...	10
Vinegar	...	9
Margarine	...	8
Butter	...	7
Alcoholic drinks	...	7
Sweets	...	6
Medicines	...	5
Gelatine	...	3
Saccharin	...	1
Chipped potatoes	...	1
Colouring matter	...	1
Groceries, including meat and fish pastes, tea, coffee, jam and flavouring essences		102
		<hr/>
		403

Of the samples analysed, 23 were reported to be not genuine, details of which, and the action taken in regard thereto, are as follows:—

Sample No.	Formal or In-formal	Article	Adulteration or other irregularity	Action taken
8743	F	Milk	1.8% Added water	Cautioned
8763	I	Brandy	9.7% Deficient in proof spirit	Unable to procure formal sample
8766	F	Milk	11.7% Deficient in fat	Tuberculin Tested Certified milk. Milk as given by the cow. See samples No. 8770/81 and 6345/39
8770	F	Milk	13.3% Deficient in fat	
8771	F	Milk	16.3% Deficient in fat	
8772	F	Milk	16% Deficient in fat	
8773	F	Milk	19.3% Deficient in fat	
8774	F	Milk	18% Deficient in fat	Tuberculin Tested Certified Milk. Samples all from one source, taken in response to request by vendor of sample No. 8766
8775	F	Milk	6% Deficient in fat	
8776	F	Milk	8.7% Deficient in fat	
8777	F	Milk	22.7% Deficient in fat	
8778	F	Milk	12.3% Deficient in fat	
8779	F	Milk	18.3% Deficient in fat	
8780	F	Milk	5.7% Deficient in fat	
8781	F	Milk	3.3% Deficient in fat	
6435	F	Milk	3.7% Deficient in fat	Appeal to cow samples taken in response to request by producer of samples Nos. 8766 and 8770/81
6437	F	Milk	4% Deficient in fat	
6439	F	Milk	8% Deficient in fat	
8786	F	Malt Vinegar	Contained not more than 10% Malt Vinegar	Fined £5 and five guineas costs
8788	I	Margarine	Contained tobacco dust, woollen and cotton fibres.	Condition of sample, which was submitted by private individual, not as purchased — investigation for presence of added poisons—no action
8875	F	Steamed Pudding Mixture	Infested with meal mites	Remainder of stock surrendered
8949	F	Milk	1.88% Added water	Cautioned
8987	I	Sausage Meat	20% Deficient in meat	Cautioned
				Formal sample taken and found to be genuine

### KNACKER'S YARD

The licence granted last year to use premises as a knacker's yard was renewed for a period of twelve months. The yard has been well maintained and 524 animals were slaughtered therein, 231 visits of inspection being made.

### FACTORIES ACT, 1937

Revision of the register of factories, required to be kept by the council in accordance with Section 8 (3), was completed during the year.

Inspections were carried out and defects and contraventions of the Act noted. The attention of the occupiers was drawn to these, in the majority of instances, at consultations on the premises, and many defects and contraventions were remedied without the service of written notice.

The particulars required by Section 128 (3) as requested by the Ministry of Labour and National Service are shown in the following tables.

### Visions

Premises	Number on Register	Number of	
		Inspections	Notices served
Factories in which Sections 1, 2, 3, 4 & 5 are to be enforced by the local authority ... ... ...	49	56	—
Factories not included in (a) to which Section 7 applies ... ... ...	583	701	—
Other premises in which Section 7 is enforced by the local authority (excluding out-workers premises) ...	23	28	—
Total ...	655	785	—

### Defects Found

Particulars	Number of cases in which defects were found	
	Found	Remedied
Want of cleanliness ... ... ...	1	1
Overcrowding ... ... ...	2	2
Sanitary conveniences		
(a) Insufficient ... ... ...	4	4
(b) Unsuitable or defective ...	20	20
(c) Not separate for sexes ...	2	2
Total ... ...	29	29

### *Outworkers*

Lists received from employers and other authorities.

<i>Nature of Work</i>	<i>Lists</i>	<i>Workmen</i>
Wearing apparel ... ... ...	42	301
Curtains and furniture hangings	1	1
Brushes ... ... ...	1	2
Christmas Crackers ... ...	1	1
Lamp shades ... ...	1	1
Basket Making ... ...	1	1
	—	—
	47	307
	—	—

### I. SHOPS ACTS, 1912-1936

During the year 654 visits of inspection have been made under the Acts. These include inspections on Sundays under the Shops (Sunday Trading Restrictions) Act, 1936.

In the course of inspections under the Acts, 289 verbal and 4 written warnings were given for various infringements.

### J. PUBLIC MORTUARY

During the year, 186 bodies were received in the public mortuary where 141 autopsies were performed.

### K. DISEASES OF ANIMALS ACTS

The chief sanitary inspector acts as the inspector of the local authority under the Diseases of Animals Act.

The veterinary inspections required by the Acts are carried out by the divisional inspectors of the Ministry of Agriculture and Fisheries. There is, additionally, certain local administration of the numerous Act Orders and Regulations.

## INFORMATION SUPPLIED BY METEOROLOGICAL OBSERVER

Total sunshine for year	... 1,854.3 hours.
Sunniest day ... ...	... 14.6 hours on July 29th.
Total rainfall for year	... 18.10 inches.
Wettest day of year ...	... .92 inches on August 6th.
Temperature ... ...	... Max. 88° on July 28th. Minimum 21° on February 21st.

R. A. DRAKE,

*Chief Sanitary Inspector.*

## INFECTIOUS DISEASES

The following table shows the number of notifications received during the year:—

Scarlet Fever	...	...	...	...	178
Whooping Cough	...	...	...	...	556
Poliomyelitis	...	...	...	...	7
Measles	...	...	...	...	771
Pneumonia	...	...	...	...	148
Dysentery	...	...	...	...	17
Typhoid Fever	...	...	...	...	1
Para-typhoid 'B'	...	...	...	...	1
Erysipelas	...	...	...	...	44
Cerebro Spinal Fever	...	...	...	...	3
Puerperal Pyrexia	...	...	...	...	7
Ophthalmia Neonatorum	...	...	...	...	20
Malaria	...	...	...	...	1
Infective Hepatitis	...	...	...	...	41
Puerperal Fever	...	...	...	...	1
Food Poisoning	...	...	...	...	5
					1,801

### PNEUMONIA

Notifications were 49 less than in the previous year, the heaviest incidence being during the first 16 weeks of the year, with a small secondary rise in October and November.

### SCARLET FEVER

Notifications were 53 less than in the previous year. The incidence of the disease was comparatively uniform during the first 36 weeks, averaging about 16 during each four-week period.

### WHOOPING COUGH

Notifications totalled 485, being 71 less than in the previous year. The main incidence occurred during the first 16 weeks, when the notifications were respectively 100, 125, 125, and 84 for each successive four-week period.

### MEASLES

There was a mild epidemic, 771 cases being notified, compared with 1,332 in the previous year. The incidence rose sharply in the 21st week, when 29 cases were notified. During the next three months the notification by four-weekly periods were 101, 172, 196. Thereafter the notifications fell off rapidly, to rise to 97 in the last four weeks of the year.

## INFECTIVE HEPATITIS

There was once more a sharp decline in incidence, 41 cases being notified, as compared with 153 in the previous year; it is the lowest total recorded since notifications began in 1943. The notifications divided into four-week periods are set out below, where it will be seen that the incidence was comparatively uniform throughout the year. The changes in age incidence, which have been remarked upon previously, continued, the most striking feature being that no less than 78 per cent. of the patients were over 15 years old. The attack rate was 0.3 per cent.

### *Infective Hepatitis*

Cases (four-week periods)														41
1948	1	2	3	2	1	5	—	5	8	3	2	2	7	41
AGE GROUPS														
1948	0	—		5	—		10	—		15	+		Total	
			1			6		2			32		41	
PERCENTAGE														
1948	0	—		5	—		10	—		15	+		Total	
			2.4			14.7		4.8			78.1		100.0	

## PARA-TYPHOID

One case was notified, a man of 21 who made a good recovery, the source of his infection never being established. A member of the same household, a Spaniard, had suffered from typhoid fever in 1941, subsequently joining the British Army in North Africa. His agglutination reactions were not significant and three specimens of stools and urine were negative for pathogens.

## TYPHOID FEVER

One case was notified. The patient returned from a three weeks' holiday in Spain on 23rd September, and became ill three days later. He was admitted to the Southend General Hospital on 7th October, when blood cultures and faecal specimens were negative, nor were the agglutination reactions diagnostic. He was, however, transferred to the Isolation Hospital on 20th October, and on the 22nd the Vi agglutination titre was 1/250 and *B. Typhosum* was isolated from the urine on 26th October. The organism was subsequently shown by Dr. A. Felix to be type E. The patient made a good recovery, but his Vi agglutination titre remained higher than was expected; in January, 1949, and February, 1949, it was 1/40 and the patient was told there was a possibility of the organism being shut off somewhere in his body. Later in the year he developed an acute prostatic abscess, the significance of which will be discussed in the subsequent report.

## FOOD POISONING

There were four notifications, but our enquiries suggest that several other persons in close contact with the patients were also infected and that, in fact, there were one major and three minor

isodes. In each instance the organism recovered was salmonella typhi-murium. E.Z., aged 12, was one of 16 persons who became ill after eating fried fish at a private party in Leyton.

Mr. O. and his daughter S., aged 3½, became ill on July 11th. They were occasional consumers of duck eggs, and on July 9th both had eaten a small portion of an egg which they considered doubtful. On July 10th they ate a meal at the P. Cafe which has a slender connection with J.E.

This child, J.E., possibly had a duck egg on June 21st, becoming ill on June 22nd. On June 26th her aunt, Mrs. K., who had purchased duck eggs from the same source, ate one and complained of vomiting, diarrhoea, severe headache and fever the same evening. This patient was employed at the P. Cafe, but although *S. typhi-murium* was recovered from J.E., no pathogens were recovered from specimens from Mrs. K.

The duck eggs purchased by the O. family came from an entirely different source from those bought by J.E. and her aunt. They were traced back in one case to the retailer and in the other to the producer, but nothing significant was established.

Lastly, D.W., aged 2½, became ill on July 29th, and suffered from diarrhoea the following day. Other members to become ill were Mr. L. and A.W., aged 5 months. From both of the latter *S. typhi-murium* was recovered. Three weeks previously, there were two cases of gastrointestinal upset in a family frequently visited by Mr. W. and his children but no investigation of these illnesses was made at the time.

### *Food Poisoning Outbreaks*

Total Number of outbreaks	Number of cases	Number of deaths	Organisms or other agents responsible with number of outbreaks of each	Foods involved with number of outbreaks of each
4*	7	—	<i>S. typhimurium</i> (4)	Fried Fish (1) ? Duck Egg (2)

\* Includes a child infected in a food poisoning outbreak in Leyton.

### DYSENTERY

There were 17 notifications of dysentery, six of them from the Isolation Hospital, a member of the staff and five child patients admitted for the treatment of other diseases. These children came from the nursery at Connaught House, and, unfortunately, the cross-infection was not confined to the hospital, for on their return other cases developed, and in spite of the most stringent precautions, it was some months before the infection was finally eradicated at Connaught House. Before discharge from hospital the convalescent children were sub-divided into as many groups as possible, in which they were retained, pending a series of negative pathological reports as well as a period of continuous clinical freedom from symptoms.

The origin of the outbreak is interesting, as it was traced to a child day visitor, who was taken to the casualty department of the Southend General Hospital, suffering from diarrhoea with blood and mucus in the stools. The Isolation Hospital was suffering from the customary chronic shortage of staff, and cross-infection ensued. Our experience merely confirmed that of other years, namely, that Sonne dysentery is probably the most difficult of all bacteriological infections to control in an institution where there is a high proportion of young children.

The remaining 11 cases fall into several groups, namely:—

- (a) Family of three, *B. sonnei* isolated from one patient.
- (b) Single case yielding *B. sonnei*.
- (c) Single case with no pathogens.
- (d) Child infected by convalescent relatives from Glasgow.
- (e) Single case yielding *B. sonnei*.
- (f) Two family outbreaks, each involving two individuals; *B. sonnei* recovered from both families.

## TUBERCULOSIS

The discussions, mentioned in last year's report, resulting in the re-affirming of the consultant status of the tuberculosis officer, were given point by the resignation, in the first weeks of the year, of Dr. R. A. McMath.

Following unofficial consultation with the senior administrative medical officer of the N.E. Metropolitan Regional Hospital Board, the appointment was advertised as of consultant status, and at an appropriate salary. The Health Committee invited Dr. J. I. P. Wilson and Dr. Frederick Heaf to assist the Medical Staff Committee in advising about the suitability of the candidates.

This committee were unable to advise the appointment of an applicant, and later in the year the post was re-advertised. It fell to the Regional Hospital Board to make the appointment, their choice falling on Dr. E. G. Sita-Lumsden, who began duty on 1st January 1949.

Events since the appointed day, have shown that the Health Committee builded better than they knew, when they accorded consultant status to this post.

For the first eight months of the year the tuberculosis registrar, Dr. Rees-Jones, became acting tuberculosis officer, discharging his heavy responsibilities in a most satisfactory manner, and both the Health Committee and the tuberculosis patients owe a considerable debt of gratitude to him.

During the early part of the year the proposals for the Lancaster House Clinic were finally approved, and the conversion, which could not now be completed before the appointed day, was put in hand. Looking back, it is difficult to discern any real advantage gained at the price of a year's delay to a scheme which has since been of the greatest possible service to the people of the county borough, and an ever widening area beyond. Meanwhile the tuberculosis service had to work under severe limitations of space in the old tuberculosis dispensary, which, ever since the end of the war, had been grossly inadequate for our purposes.

#### *Changes brought about by new legislation*

The diagnosis and treatment of tuberculosis became a hospital service responsibility, while its prevention and after care remained with the Local Health Authority. It had been realised that strenuous efforts would be required to prevent an ever widening gulf between these two complementary functions, and the key of the situation would be in the hands of the tuberculosis officer, or, to give him his new title, tuberculosis physician. For this reason the Council proposed to employ him to organise and supervise their side of the work and to pay 3/11ths of his salary. To the same end, the tuberculosis health visitor was to devote part of her time to duties inside the dispensary, and part to domiciliary visiting. The advantages of having the dispensary close to the headquarters of the department were quickly apparent, it being quite clear that the new legislation makes this physical propinquity more important than ever.

The scheme for the payment of treatment allowances pursuant to Memo 266/T, came to an end with the appointed day, when the National Assistance Board became responsible for the arrangements which were then superseded. The ability to make treatment allowances had been of first rate importance in persuading patients to accept treatment while yet in the early stages of the disease, but on general principles the delegation of this work to the National Assistance Board was very welcome.

As regards hospital and sanatorium treatment it need only be said that the acute shortage of accommodation persisted throughout the year, and without the S. F. Johnson Block our tuberculosis patients would have been in dire need.

In the tables which follow, the figures given for deaths from tuberculosis differ slightly from those returned by the Registrar General, and set out in the section on vital statistics.

It will be noted that there was a further increase in the total number of names on the register, 1,026 compared with 940 a year previously. There were, however, 28 fewer new notifications and it would therefore appear that if the opportunity for reviewing all the names on the register had occurred, the total would have been lower. The tables which are largely self explanatory appear to call for no other comment.

The following table gives an analysis of the new cases notified during the year, and of the deaths which occurred during 1948. The non-pulmonary deaths were due to tuberculous meningitis (6), miliary tuberculosis (2), cervical adenitis (1), and bilateral renal tuberculosis (1). The deaths from pulmonary disease rose from 62 to 64 (36 males, 26 females); the non-pulmonary deaths rose from 7 to 11 (3 males, 8 females).

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	
0	—	—	—	—	—	—	—	—
1	2	3	2	1	—	—	—	1
5	11	5	5	5	—	—	1	1
15	15	19	3	5	2	5	5	1
25	31	28	3	1	5	7	—	—
35	21	30	1	2	3	5	—	—
45	12	6	2	—	5	—	—	—
55	9	6	1	—	16	4	—	—
65	—	—	—	—	—	—	—	—
and up-wards	4	3	1	—	5	6	—	—
Totals	105	100	18	14	36	28	—	3

The number of cases of tuberculosis remaining on the notification register on December 31st, was as follows:—

	Pulmonary				Non-Pulmonary				Total				Grand Total	
	Adults		Children		Adults		Children		Adults		Children			
	M	F	M	F	M	F	M	F	M	F	M	F		
1948	446	367	37	41	37	28	40	30	483	395	77	71	1026	
1947	414	349	25	34	34	22	35	27	448	371	60	61	940	
1946	377	306	20	23	34	15	38	30	411	321	58	53	843	
1945	341	266	18	15	30	12	32	28	371	278	50	43	742	
1944	259	236	11	8	23	12	24	22	282	248	35	30	595	
1943	201	180	10	5	20	8	15	21	221	188	25	26	460	
1942	175	144	5	2	18	6	9	13	193	150	14	15	372	
1941	128	113	2	—	16	2	4	9	144	115	6	9	274	
1940	104	100	1	—	9	2	—	5	113	102	1	5	221	
1939	200	178	3	5	12	5	11	20	212	183	14	25	434	

*Note.*—On the 31st December, 1938, the total number of cases on the register was 550, comprising 471 pulmonary cases (236 males, 235 females) and 79 non-pulmonary cases (40 males and 39 females).

TABLE SHOWING NOTIFICATIONS OF PULMONARY  
TUBERCULOSIS RECEIVED IN 1948, CLASSIFIED ACCORDING  
TO AGE GROUPS

Age Group	1940		1941		1942		1943		1944		1945		1946		1947		1948	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	2	2
5	2	2	1	—	3	2	2	1	1	3	6	3	5	6	5	12	11	3
15	12	16	10	14	22	23	17	12	26	25	31	38	29	42	26	31	15	19
25	10	8	20	18	18	7	6	17	15	25	35	32	34	35	26	31	28	28
35	8	5	18	9	16	7	14	8	22	14	25	16	27	21	24	16	21	30
45	8	4	12	3	13	7	9	6	16	10	24	5	23	4	20	12	12	6
55	9	4	6	4	10	1	10	4	13	3	23	5	12	3	18	3	9	6
65	1	—	—	1	5	4	3	14	4	9	12	5	8	4	6	4	3	3
Is	50	39	67	48	83	52	63	52	108	84	153	112	135	119	124	109	105	100

TABLE SHOWING PERCENTAGE OF NOTIFICATIONS OF  
PULMONARY TUBERCULOSIS RECEIVED IN EACH  
AGE GROUP

Age Group	MALES									FEMALES								
	1940	1941	1942	1943	1944	1945	1946	1947	1948	1940	1941	1942	1943	1944	1945	1946	1947	1948
0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.9	—
1	—	—	—	1.6	0.9	—	—	0.8	1.9	—	—	—	1.9	—	.9	—	1.8	3.0
5	4	1.5	3.6	3.2	0.9	3.9	3.7	4.0	10.5	5.1	—	3.7	1.9	3.6	2.7	5.0	11.0	5.0
15	24	14.9	26.5	26.9	24.1	20.2	21.5	21.0	14.3	41	29.1	44.4	23.1	29.8	33.9	35.3	28.5	19.0
25	20	29.8	21.7	9.5	13.9	22.9	25.2	21.0	29.5	20.5	37.5	13.5	32.7	29.8	28.5	29.4	23.9	28.0
35	16	26.8	19.3	22.2	20.4	16.4	20.0	19.4	20.0	12.8	18.7	13.5	15.4	16.6	14.3	17.7	14.7	30.0
45	16	18	15.7	14.3	14.8	15.7	17.0	16.1	11.4	10.3	6.3	13.5	11.5	11.9	4.5	3.4	11.0	6.0
55	18	9	12	15.9	12.1	15	8.9	14.5	8.6	10.3	8.4	1.9	7.7	3.6	4.5	2.5	2.7	6.0
65	2	—	1.2	6.4	12.9	5.9	3.7	3.2	3.8	—	—	9.5	5.8	4.7	10.7	6.7	5.5	3.0

## Return showing the work of the Dispensary during the year 1948:—

	Pulmonary				Non-Pulmonary				Total			
	Adults		Children		Adults		Children		Adults		Children	
	M	F	M	F	M	F	M	F	M	F	M	F
A.—NEW CASES examined during the year (excluding Contacts):—												
(a) Definitely tuberculous	62	46	7	6	3	3	2	—	65	49	9	6
(b) Diagnosis not completed .. ..	—	—	—	—	—	—	—	—	5	3	2	3
(c) Non-tuberculous .. ..	—	—	—	—	—	—	—	—	238	248	19	22
B.—CONTACTS examined during the year :—												
(a) Definitely tuberculous	2	8	6	1	—	—	1	—	2	8	7	1
(b) Diagnosis not completed .. ..	—	—	—	—	—	—	—	—	2	6	3	1
(c) Non-tuberculous .. ..	—	—	—	—	—	—	—	—	114	194	97	95
C.—CASES written off the Dispensary Register as :—												
(a) Recovered .. ..	5	2	—	—	—	—	—	2	5	2	—	2
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ..	4	2	—	—	—	—	—	—	4	2	—	—
D.—NUMBER OF PERSONS on Dispensary Register on December 31st :—												
(a) Definitely tuberculous	446	367	37	41	37	28	40	30	483	395	77	71
(b) Diagnosis not completed .. ..	—	—	—	—	—	—	—	—	5	3	2	3

1. Number of persons on Dispensary Register on January 1st
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of" ... .. ... .. ... ..
4. Cases written off during the year as dead (all causes) ...
5. Number of attendances at—
  - (a) the Dispensary (including contacts) ... ... ... 6,0
  - (b) the Southend Municipal Hospital for A.P. refills ... 3,90
6. Number of visits by Tuberculosis Officer to homes (including personal consultations) ... ... ... ... 1
7. Number of visits by Nurses or Health Visitors to homes for dispensary purposes ... ... ... ... 3
8. Number of (a) Specimens of sputum, etc., examined ... 79
  - (b) X-ray examinations made in connection with dispensary work—films ... ... 3,7
  - screenings ... 4,8

9. Number of "Recovered" cases restored to Dispensary Register and included in A (a) and A (b) above ... ...	1
10. Number of T.B. plus cases on Dispensary Register on 31st December ... ... ... ... ..	332

From January 1st until July 4th institutional treatment was provided under the Council's scheme for 250 persons as under:—

PULMONARY	Adults		Children		Total
	M	F	M	F	
Municipal Hospital .. .. .. ..	68	51	2	3	124
Benenden .. .. .. ..	16	6	—	—	22
Grosvenor .. .. .. ..	17	9	—	—	26
Preston Hall .. .. .. ..	2	2	—	—	4
London Chest Hospital .. .. .. ..	2	2	—	—	4
Nayland .. .. .. ..	—	12	—	1	13
Brompton Hospital .. .. .. ..	2	—	—	—	2
Ventnor .. .. .. ..	1	—	—	—	1
Langdon Hills .. .. .. ..	—	—	—	1	1
Southend Isolation Hospital .. .. .. ..	—	22	6	10	38
Papworth .. .. .. ..	1	—	—	—	1
Frimley .. .. .. ..	—	—	—	1	1
Royal Free Hospital .. .. .. ..	1	—	—	—	1
St. Thomas' Hospital .. .. .. ..	—	1	—	—	1
King George's Sanatorium for Sailors .. ..	2	—	—	—	2
<b>Totals</b> .. .. .. ..	<b>112</b>	<b>105</b>	<b>8</b>	<b>16</b>	<b>241</b>
<b>NON-PULMONARY</b>					
Southend Municipal Hospital .. .. ..	1	2	1	—	4
Black Notley .. .. ..	2	1	—	—	3
Lord Mayor Treloar's Hospital .. .. ..	—	—	1	—	1
Prof. Rolliers Hospital, Leysin, Switzerland ..	—	—	1	—	1
<b>Grand Total</b> .. .. .. ..	<b>115</b>	<b>108</b>	<b>11</b>	<b>16</b>	<b>250</b>

Extent of Residential Treatment provided during the period 1st January, 1948, to 4th July, 1948:—

PULMONARY	In Institutions on Jan. 1st.	Admitted during the period 1/1/48—4/7/48	Discharged during the period 1/1/48—4/7/48	Died in Institutions during the period 1/1/48—4/7/48	In Institutions on July 4th, 1948
	M.	1/1/48—4/7/48	1/1/48—4/7/48	during the period 1/1/48—4/7/48	1/1/48—4/7/48
	F.	4/7/48	4/7/48	the period 1/1/48—4/7/48	1/1/48—4/7/48
<b>PULMONARY</b>					
M. ....	51	60	50	9	52
F. ....	40	61	40	7	54
Children ...	6	22	12	—	16
<b>NON-PULMONARY</b>					
M. ....	—	2	1	1	—
F. ....	1	1	1	—	1
Children ...	4	2	1	—	5
<b>Total</b>	<b>102</b>	<b>148</b>	<b>105</b>	<b>17</b>	<b>128</b>

## TUBERCULOSIS ALLOWANCES MEMO 266/T

From 1st January, 1948, to 4th July, 1948 incl.

	£	s.	d.
1. Maintenance allowances (No. of applications granted in the period 1/1/48 to 4/7/48) = 82 ... ... 1,905 8 9			
2. Discretionary allowances (No. of applications granted in the period 1/1/48 to 4/7/48) = 26 ... ... 136 14 0			
(A) (Patients included in item 1 = 26) ... ...			
(B) (Other patients = Nil)			
3. Special payments = Nil ... ... ... ...			
4. Pocket money = 8 ... ... ... ... 33 7 0			
5. Winter Fuel Allowances = 32 ... ... ... ... 109 4 0			
 Total ... ... ... ...			
	<hr/>	<hr/>	<hr/>
	2,184 13 9		
	<hr/>	<hr/>	<hr/>

## VENEREAL DISEASES TREATMENT CENTRE

After July 5th the Centre ceased to be the responsibility of Corporation. Dr. Gladys Lilian Neill, assistant medical officer, who was also assistant medical officer at the Treatment Centre, resigned in order to devote herself wholly to venereology. She was subsequently appointed to the Centre as a part-time medical officer, her successor in the department, Dr. Paterson, having no duties there. Subsequent to the appointed day, Dr. Preston, who had been a medical officer at the Centre since 1935, asked to be relieved of these duties.

Dr. John Greenhalgh continued as assistant medical officer at the Treatment Centre under direct arrangements with the Hospital Management Committee.

The following tables, provided by courtesy of the Hospital Management Committee, cover the whole of 1948:—

	Syphilis M'ls. F'ls.		Soft Chancre M'ls. F'ls.		Gonorr- hoea M'ls. F'ls.		Conditions other than Venereal M'ls. F'ls.		Totals M'ls. F'ls.	
Number under treatment on January 1st .. ..	110	112	—	—	59	21	34	27	203	160
Number returned after cessation of attendance in previous years. .. ..	—	6	—	—	—	—	—	—	—	6
Number dealt with for first time :—										
(a) who had not previously attended any Centre ..	33	25	—	—	42	16	202	177	277	218
(b) who had attended other Centres. .. ..	23	9	—	—	7	1	5	—	35	10
Total under treatment during 1948 .. ..	166	152	—	—	108	38	241	204	515	394
Discharged after completion of treatment and tests for cure .. ..	11	4	—	—	29	1	201	170	241	175
Ceased to attend before completion of treatment ..	3	6	—	—	—	—	—	—	3	6
Died from disease whilst under treatment or observation ..	1	1	—	—	—	—	—	—	1	1
Died from other causes whilst under treatment or observation ..	1	—	—	—	—	—	—	—	1	—
Ceased to attend after completion of treatment but before final tests for cure ..	12	20	—	—	30	17	—	—	42	37
Transferred to other Centres	17	10	—	—	10	2	10	2	37	14
Number under treatment on December 31st, 1948 ..	121	111	—	—	39	18	30	32	190	161

Clinic attendances were:—

	Clinic Attendances				Intermed Attendances	
	M.	F.	M.	F.		
Syphilis ... ...	975	953	—	—		
Soft Chancre ... ..	—	—	—	—		
Gonorrhoea ... ..	359	85	21	3		
Other Patients ... ..	617	514	132	8		
<b>Totals</b> ... ..	<b>1,951</b>	<b>1,552</b>	<b>153</b>	<b>11</b>		

The following are the civilian totals for previous years:—

New Patients suffering	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
From Syphilis	31	22	40	34	21	24	40	23	29	33	52	50	50	50
,, Gonorrhoea	129	88	107	127	83	61	78	82	73	60	112	110	71	71
,, Soft Chancre	3	4	1	—	—	—	—	—	—	—	—	—	—	—
Total Attendances	6221	5991	8564	9768	9472	2846	3319	3345	5185	4387	4431	5840	4714	36

There are few matters which call for comment. The number of patients of each sex are comparable with the previous year.

The number of clinic attendances made by patients suffering from gonorrhoea showed a marked reduction, the male attendances declining from 664 to 359 and the female from 163 to 85. As the new case of gonorrhoea during the year totalled 58 compared with 71, the decrease in attendances is not wholly accounted for by the smaller number of patients treated, but doubtless reflects the more efficient therapeutic resources now available to the venerealogist.

It is noteworthy that the only patients treated for congenital syphilis, were two females aged over 15.

#### CANCER

The total number of deaths attributed to malignant disease was 356, the primary sites of the disease being as follow:—

	Males	Females
Skin ...	... ...	1 2
Eye ...	... ...	— 2
Lips, Cheek, Mouth, Tongue, etc. ...	... ...	4 2
Larynx, Bronchus, Lung, Mediastinum	... ...	48 12
Oesophagus ...	... ...	5 5
Stomach ...	... ...	34 22
Caecum, Colon ...	... ...	26 31
Rectum ...	... ...	12 14
Gall Bladder, Liver ...	... ...	5 5
Pancreas ...	... ...	9 3
Kidney, Suprarenal ...	... ...	2 3
Bladder, Urethra ...	... ...	7 3
Penis ...	... ...	2 —
Prostate ...	... ...	7 —
Ovary ...	... ...	— 8
Uterus ...	... ...	— 22
Breast ...	... ...	— 36
Brain ...	... ...	6 3
Bone ...	... ...	— 3
Miscellaneous or not ascertained ...	... ...	1 11
	<hr/> 169	<hr/> 187

There were 11 deaths from malignant disease in persons under the age of 35 years, as follows:—

Male	...	32 years	...	Carcinoma Bronchus
Male	...	14 years	...	Carcinoma Salivary Gland
Male	...	4 years	...	Medulloblastoma
Male	...	8 years	...	Lymphosarcoma Mediastinum
Male	...	30 years	...	Carcinoma Caecum
Male	...	33 years	...	Lymphadenoma
Female	...	8 years	...	Sarcoma Radius
Female	...	23 years	...	Chorioneopithelioma
Female	...	26 years	...	Primary Carcinoma Liver
Female	...	33 years	...	Neoplasm of Cerebellum
Female	...	20 years	...	Cerebral Tumour

## CABIES

Total number of cases ascertained	...	...	37
Number of primary cases	...	...	18

These figures, when compared with previous years, sufficiently indicate the marked decline in the incidence of Scabies.

The total number of cases ascertained in recent years is shown in the following table:—

1942	1943	1944	1945	1946	1947	1948
479	499	535	315	276	112	37

It is unlikely that the lapsing of the Scabies Order in December, 1947, has had a significant influence on the completeness of ascertainment. The majority of families infected with scabies were always ascertained through the School Medical or Child Welfare Services, and the ascertainment from these sources is as complete as in the past.

The arrangement for treatment at the Municipal Health Centre and the Borough Sanatorium remained as before, although there was little occasion to use the latter.

## HOSPITALS

It suffices to record that the Southend General Hospital, the Southend Municipal Hospital and the Borough Sanatorium for Infectious Diseases passed to the ownership of the Regional Hospital Board on the appointed day. Changes in nomenclature quickly followed, and they are now known as the General Hospital, Southend, the General Hospital, Rochford, and the Southend-on-Sea Infectious Diseases Hospital, respectively.

To many of those who are familiar with the history of the former municipal hospital, the new name, though convenient, is considered unfortunate in that it contains nothing to show by whom, and from what, it was created.

The services rendered to Runwell and the Southend Municipal Hospitals by Alderman S. F. Johnson, J.P., were recognised by his appointment as Chairman of the Group Hospital Management Committee which, as was expected, included nearly all the members of the former Hospitals Advisory Committee. One of the first major problems to be considered was the future use of the Victoria Nursing Home, acquired in 1945 by the Board of Management of the Southend General Hospital as a maternity home. The decision to use it for maternity patients must be considered unfortunate, involving as it does a division of institutional maternity services which could be provided entirely at Rochford. This is not to suggest that the project, which was supported by the medical officer of health, was ill-conceived at the time it was put forward, but changes since then, have to be taken into account. Under the National Health Service Act, general practitioners will not, it is understood, be able to attend their patients in the Victoria Nursing Home, and this, together with the declining birth rate, makes the provision of additional maternity beds much less urgent, particularly at a time when other kinds of hospital accommodation are so badly needed.

### SOUTHEND GENERAL HOSPITAL

The following report is included through the courtesy of the Secretary of the Hospital Group Management Committee:—

Statistics for year ended 31st December, 1948.

#### *In-Patients*

Admission to General Wards	...	...	6,069
Admission to Private Wards	...	...	498
Average number of days each patient was resident—			
General Wards	...	...	11.1
Private Wards	...	...	14.4

#### Total number of operations performed—

Main Theatres	...	...	...	3,770
Gynaecological				
Major	...	...	240	
Minor	...	...	465	705
Minor Theatres				
Emmanuel	...	...	1,159	
Dental	...	...	605	
Out-Patients	...	...	1,092	2,856
Number of deaths	...	...	...	200

<i>Out-Patients</i>	<i>New Cases</i>	<i>Attendances</i>
Medical	3,137	13,178
Surgical	3,930	11,316
Ophthalmic	1,539	4,324
Ear, Nose and Throat	2,327	3,679
Skin	1,314	7,725
Gynaecological	1,759	5,381

Ante-Natal	168	1,045
Orthopaedic	2,054	7,385
Physiotherapy	1,525	36,383
Dental	401	6,161
Psychiatric	481	2,836
Paediatric (from March)	485	1,471
Cardiology (from August)	87	107
Speech Therapy (from April)	59	417.
Neurosurgical	53	165
	<hr/>	<hr/>
	19,319	101,573
	<hr/>	<hr/>

*Injury-Department*

Cases seen and treated	10,173	28,496
------------------------	--------	--------

*X-ray Department*

Patients examined (Diagnostic)	16,088
Therapy—	
Patients treated (deep X-ray)	3,261
Patients treated (superficial X-ray)	1,542

*Pathological Laboratory*

Total investigations	...     ...	...     ...	24,100
----------------------	-------------	-------------	--------

**SOUTHEND MUNICIPAL HOSPITAL**

I am indebted to Dr. Cieman, Medical Superintendent, for the following report dealing with the work of the hospital from January 1st, 1948, to July 4th:—

During the period under review, the Ministry of Health constituted Regional Hospital Boards to administer the various hospitals in the country on a regional basis; the Boards in turn sub-divided their respective areas into hospital groups and the Southend Municipal Hospital was included in the Southend-on-Sea Group of the North East Metropolitan Region, which embraced also the Southend General Hospital, the Isolation Hospital and the Lancaster House Chest Clinic, Southend.

The Chairman and members of the North East Metropolitan Regional Board and their senior officers, administrative and medical, visited the hospital in order to obtain first-hand information and to acquaint themselves with its problems, and I think they were favourably impressed with the lay-out, the state of the structure and the many evidences of achievement of the Health Committee of the Corporation of Southend-on-Sea both in peace and in war.

*I. Accommodation*

After the completion of certain minor adaptations, the hitherto unoccupied Maternity Segregation Unit was opened as a Premature Baby Unit on April 6th. This unit is staffed by the Maternity Depart-

ment under the direction of the Superintendent of the Maternity Unit and accommodates eight premature infants.

Apart from the aforementioned addition, there was no variation in the complement of beds staffed and in use during the first half of 1948, namely 508, excluding bassinettes. The beds, of which 184 are located in the new buildings, are classified hereunder:—

General	...	...	...	...	197
Maternity (excluding bassinettes)	...				90
Long-stay	...	...	...	...	110
Tuberculosis	...	...	...	...	60
Mental	...	...	...	...	35
Children	...	...	...	...	16
 Total	...	...	...	...	 508
 Premature Infants	...	...	...	...	 8

Although 60 beds had been provided for children in the Herbert Dowsett Block, the diminution in the number of sick children requiring admission to hospital has resulted in the use of part of this accommodation for acute female cases.

Owing to the continued shortage of the appropriate nursing staff, already supplemented by a considerable number of part-time personnel, the following wards remain unoccupied: —

*General*

Milton Ward	...	...	...	...	30 beds
-------------	-----	-----	-----	-----	---------

*Mental*

Upper floors Rayleigh and Southchurch					
---------------------------------------	--	--	--	--	--

Wards	...	...	...	...	...	34 beds
-------	-----	-----	-----	-----	-----	---------

Total	...	...	...	...	...	64 beds
-------	-----	-----	-----	-----	-----	---------

The total number of beds occupied on the morning of January 1st, 1948, and on the night of July 4th, 1948, are enumerated and classified hereunder:—

	...	...	January 1st		July 4th (Midnight)	
			Male	Female	Male	Female
General	...	...	92	176	107	186
Maternity	...	...	—	81	—	87
Tuberculosis	...	...	29	29	29	30
Mental	...	...	16	19	16	20
Children	...	...	1	12	2	17
New-born Infants	...	...	36	28	27	35
Premature Infants	...	—	—	—	2	—

## II. General Work of the Hospital

The total number of admissions (including infants born in hospital) during the period under review, was 4,000. The average weekly admission rate was 151.2, whilst in the corresponding period in the previous year, the average weekly admission rate was 163.8. These figures reflect the growing proportion of elderly patients whose disposal constitutes a growing problem in times of housing difficulties, full employment opportunities away from home for all able-bodied members of the family of both sexes and the shortage of alternative accommodation.

The average daily number of beds occupied during the period under review was 470.5, total bed complement 508; the figure for the corresponding period during the previous year being 519.89. The maximum number of beds occupied on any one day was 501 on February 20th, 1948. The minimum number of beds occupied was 440 on May 23rd, 1948.

The limited general ward accommodation and the difficulties encountered in disposing of the elderly convalescents, either by returning them to their homes or lodgings or by transferring them to Connaught House or other hostel accommodation, resulted in an expanding list of patients awaiting admission. The Waiting List on July 4th, 1948, numbered 21 male, 31 female.

## V. Maternity Department

The number of Maternity cases admitted for treatment during the period January 1st to July 4th, 1948, was 982, the equivalent of 17 per week. The number of women confined in the hospital during the same period was 899, which is the equivalent of an annual rate of 1,798. The number of live births during the period was 897, of whom 59 were wholly breast-fed on leaving the hospital, e.g., 84.6 per cent. Twenty-one Caesarean Sections were performed during the same period with no maternal deaths.

The average days' stay of all mothers in the lying-in period was 3 days. The highest number of maternity patients and their infants accommodated in one day was 103 mothers and 76 infants (total 179) on February 4th, 1948. As many as 12 deliveries in 24 hours took place on a number of occasions. From these figures it will be appreciated that the staff, both trained and in training, whether in the delivery rooms, the lying-in wards or the nurseries, worked under great pressure for very long periods.

The Emergency Flying Squad based on this hospital and directed by Mrs. Flora Bridge, Consulting Obstetrician and Gynaecologist, made three calls during the period under review. In all three cases, severe haemorrhage was the reason for summoning the Flying Squad.

## V. Premature Baby Unit

This unit, equipped and staffed to accommodate and treat eight premature infants in April, 1948, has already fully justified its three months' existence. During the three month period under review, a

total of 45 premature infants, weighing less than 5lb., were admitted for treatment, 37 having been born in the Maternity Unit, the remaining eight being conveyed to the hospital in a specially constructed, portable, heated and oxygenated cabinet.

The following statistical table gives an analysis of the work and results attained in the Premature Baby Unit:—

	<i>Born in Hospital</i>	<i>Born Elsewhere</i>	<i>Totals, Percentages and other Details</i>
Total Admissions ... ...	37	8	45
Admission weight, 3½lb. or less	7	3	10
Birth weight of smallest baby	2lb. 7oz.	3lb. 2oz.	
Birth weight of smallest surviving baby ... ...	2lb. 14oz.	3lb. 2oz.	
Average weight of all babies treated ... ...	4lb. 3oz.		
Average weight of babies on discharge ... ...	5lb.	5lb.	5lb.
Percentage of babies discharged in thriving condition	79.4	31.2	
Percentage of babies breast-fed on departure ... ...	67.5	12.5	
Average duration of stay per baby ... ...	5 weeks	5 weeks	5 weeks
Babies who died within 48 hours of birth and whose survival was not anticipated, prematurity being complicated by some other serious condition ... ...	3	—	—

## VI. Ancillary Departments

### 1. Department of Radiology

The work of the Diagnostic X-Ray Department is limited by the lack of accommodation and other facilities. If the existing radio-diagnostic apparatus were supplemented by a medium power X-ray unit, considerably more radiology could be done per day, thus obviating delays in patients' investigations.

A tomographic attachment for the Westinghouse X-ray apparatus was made by the Resident Engineer and his staff and was put into use. This special detachable fitting has given excellent results in the chest cases selected for tomography. Summary of the work of the X-Ray Department from January 1st to July 4th, 1948.

#### *In-patients*

Total number of cases	...	...	...	4,512
Number of films taken	...	...	...	6,140
Number of screenings	...	...	...	674
Special Investigations	...	...	...	300

*Out-patients*

Tuberculosis—Films	...	...	1,841
Maternity (Ante-natal Clinics)	...	...	144
Number of screenings	...	...	2,431

*2. Department of Pathology*

The work of this department continues to increase and a further expansion both of accommodation and staff is under consideration. The magnitude of the laboratory work can be judged by the following figures:—

Total amount of general laboratory work expressed in EMS Units	...	...	...	57,609
Wasserman and other serum tests in EMS Units				7,469
Total number of post-mortem examinations	...			154

*3. Department of Physical Medicine*

This department continues to be seriously understaffed although determined and energetic efforts have been made to secure physio-therapists and a remedial gymnast. The authorised establishment is four physio-therapists, a remedial gymnast and a physio-therapy orderly, but on 4th July, 1948, the staff of the department consisted of a head physio-therapist and two assistant physio-therapists.

The single large physio-therapy room imposes a serious limitation on the range and scope of the work which should be undertaken in the department and such physio-therapy as is carried out in the wards is necessarily restricted in scope and cannot hope to achieve the results attainable in a department of adequate size.

The number of new patients for whom physio-therapy was recommended	...	340
Total number of treatments given	...	5,603

*4. Occupational Therapy Department*

Despite the inadequacy of the accommodation with its inevitable limitation of the work of the department, a very considerable contribution is being made to the morale and the rehabilitation of the patients generally by the staff of the department which consists of a head occupational therapist, an assistant and an orderly.

Mrs. C. Marriott, head occupational therapist, commenced regular attendances at the Borough Sanatorium to interest and assist tuberculosis patients in light handicrafts. This was followed by occasional visits to the Southend General Hospital in connection with the rehabilitation of certain patients.

The following figures indicate the extent of the handicraft work carried out by patients during the period under review and includes both the diversionary and the remedial types:—

Number of patients who received treatment	...	478
Average number of patients under treatment per day		98
Total number of articles made	...	1,540
Total number of kinds of handicrafts undertaken	...	26

### VII. Statistical Tables and Analyses

Remaining in hospital on 1st January, 1948	...	519
Admitted	...	3,093
Born alive in hospital	...	907
Discharged	...	3,579
Died	...	382
Patients treated to a conclusion from January 1st to July 4th, 1948	...	3,961
Patients remaining in hospital on July 4th, 1948	...	558
<i>Classification of patients treated to a conclusion:</i> —		
Children under 16	...	1,111
Men	...	749
Women	...	2,101
Total	...	3,961

The following figures serve as a reliable index to the amount of investigation and treatment carried out at the hospital during the first six months of 1948.

Total number of operations performed in the Operating Theatre:—

		By Consultants	By Residents	Total
Major	...	72	345	417
Minor	...	69	348	417
		141	693	834

Total number of all forms of physio-therapeutic treatment given	...	...	...	5,603
Total number of electro-cardiographic examinations	...	...	...	27
Total number of patients suffering from cancer admitted for treatment	...	...	...	80
Total number of blood transfusions	...	...	...	276
Total number of post-mortem examinations	...	...	...	154
Total number of patients engaged in occupational therapy	...	...	...	478

### VIII. Averages for the period January 1st to July 4th, 1948

Beds—daily complement	...	...	...	508
Beds—average daily number occupied	...	...	...	470
Average daily percentage of available beds occupied	...	...	...	92
Admissions—average daily number	...	...	...	21
Stay—average length in days per patient	...	...	...	21
Maximum number of beds occupied (20th February, 1948)	...	...	...	501
Minimum number of beds occupied (23rd April, 1948)	...	...	...	440

## *IX. Technical Equipment*

Among the special items of technical equipment received during the period under review, the following are proving of particular value in treatment:—

Electro-convulsant therapy apparatus;  
McKesson's basal metabolic apparatus;  
Coxeter-Mushin closed circuit anaesthetic machine.

## *X. Patient's Amenities*

Mr. Sam Spencer, F.R.S.A., A.R.B.A., a member of the panel of artists working under the auspices of the N.A.P.T., commenced fortnightly art therapy groups for the patients in the S. F. Johnson Block on June 15th and is being received most enthusiastically.

Under the tuition and guidance of Mr. R. G. Ellis, head gardener, a "Garden Club" was organised among both male and female patients in the S. F. Johnson Block and this form of diversional therapy has stimulated considerable interest, especially among patients confined to bed.

The television set provided for the S. F. Johnson Block has proved very popular among the patients who are allowed out of bed.

## *XI. Staff Changes*

Mr. B. J. Sanger, F.R.C.S., who, prior to his service in the R.A.F., had been resident surgical officer at the Southend Municipal Hospital for nearly eight years, was appointed whole-time consulting surgeon on his return to duty just before the appointed day.

Dr. R. A. McMath, tuberculosis officer, completed his last session at the hospital on February 11th. Dr. G. I. Rees-Jones, medical officer to the S. F. Johnson Block, became acting tuberculosis officer pending a permanent appointment being made.

Miss J. M. Bestley, the hospital's first dietary superintendent, left the hospital on February 29th on marriage and was succeeded on May 6th by Mr. G. A. Funnell as head of the hospital's catering department and was designated catering officer.

## *XII. Other Staff Matters*

The work of renovating and adapting the following premises as accommodation for resident medical staff is proceeding:—

1. Former medical superintendent's house is being converted into two self-contained flats.
2. Acacia House is being converted into three self-contained flats and in addition apartments for two unmarried residents.

This undertaking, together with the adaptation and furnishing of White House, South Street, for accommodating midwives, was authorised and implemented by the Health Committee on the advice of the Medical Officer of Health. The homes thus provided are destined to earn the appreciation and gratitude of the professional and nursing staffs for the Committee's foresight and generosity.

## XIII.

In conclusion, I wish to place on record the hospital's profound gratitude to the successive Chairmen and members of the Health Committee of the Town Council and the Medical Officers of Health for what they have achieved for the sick in the area. By the provision and development of modern facilities and accommodation for both patient and staff, they deserve a lasting place in our memory. We sever our official association in the great work of this hospital with regret, but whatever our fortunes, the imprint of your tireless efforts will remain as an inspiration to us in our endeavours to advance upon the high road along which, in the interests of suffering humanity, we have gone so far together.

SAMUEL CIEMEN, M.R.C.S., L.R.C.P.,

*Medical Superintendent*

## BOROUGH SANATORIUM

*Medical Superintendent's Report**General*

1. This report covers the period 1st January, 1948, to 4th July, 1948. On 5th July, 1948, the Hospital was included in No. 15 Hospital Group under the general administration of the North East Metropolitan Regional Board.

2. No major epidemic occurred during this period and the Hospital was able to accept all cases.

*Accommodation and Services*

1. During the previous year the south side of Osborne Ward was opened for selected cases of adult female tuberculosis and the north side of Osborne Ward was opened on 10th February, 1948, providing accommodation for 12 children suffering from tuberculosis.

2. The existing hospital laboratory, dispensary and V.D. ward were made available to the Public Health Laboratory Service, directed by the Medical Research Council for the Ministry of Health, and June, 1948, were opened as an Area Public Health Laboratory. In agreement the Area Laboratory undertook much of the hospital pathological and bacteriological work. Subsequently the wisdom of this step proved manifest in every way.

*Staff*

1. The Consultant Staff of the Municipal Hospital paid 12 visits during the period covered by this report.

2. The Nursing Staff was maintained by continuing a policy employing a number of part-time nurses. No difficulty was met in obtaining sufficient Domestic Staff.

3. No case of notifiable infectious disease occurred in the staff and the general health was good and the sickness rate low.

(Signed) E. H. TOMLIN,

*Medical Superintendent*

*Borough Sanatorium Statistics*

Disease	Re-main-ing 1.1.48	Ad-mitted	Dis-charged	Deaths	Re-main-ing 4.7.48
Scarlet Fever .. ..	19	54	71	1	1
Dysentery and diarrhoea	—	8	7	1	—
Measles .. ..	—	10	8	1	1
Whooping cough .. ..	1	43	39	1	4
Diphtheria .. ..	1	—	1	—	—
Enteric group .. ..	—	2	1	—	1
Chicken pox .. ..	2	1	3	—	—
Mumps .. ..	—	3	3	—	—
Rubella .. ..	—	—	—	—	—
Cerebro- spinal fever .. ..	—	2	2	—	—
Poliomyelitis .. ..	—	3	2	—	1
Erysipelas .. ..	—	—	—	—	—
Influenza .. ..	—	—	—	—	—
Ophthalmia neonatorum	—	6	5	—	1
Tuberculosis .. ..	7	31	12	5	21
V.D. (In-patient) .. ..	—	2	2	—	—
V.D. (lumbar puncture)	—	19	19	—	—
Upper respiratory infec-tion group .. ..	1	1	2	—	—
Chest diseases group .. ..	—	4	4	—	—
Nervous diseases group	—	—	—	—	—
Skin diseases group .. ..	—	—	—	—	—
Unclassified .. ..	—	12	10	—	2
N.A.D. .. ..	1	6	6	—	1
Total ..	32	207	197	9	33

*CLINICAL NOTES AND COMMENTS ON VARIOUS DISEASES**Dysentery and Diarrhoea Group*

There were eight cases in this group with one death. The group is made up of the following:—

<i>Dietetic</i>	... ..	...	...	...	...	1
<i>Bacterial</i>	B. Morgaon	...	...	...	...	2
	Sh. Sonne	...	...	...	...	1
	B. Proteus	...	...	...	...	1
<i>Parenteral</i>	Tonsillitis	...	...	...	...	1
	Bronchitis	...	...	...	...	1
<i>Infective Enteritis</i>	...	...	...	...	...	1

The fatal case of infective (idiopathic) Enteritis was a child of 2 years 10 months, admitted on May 26th, 1948, and dying the same day. His illness started on May 18th, 1948, with pyrexia, vomiting and frequent diarrhoea with mucus and blood. He became delirious and confused and had a convulsion. There was marked dehydration and terminal coma. Post mortem examination showed congestion of the mucosa of the gut and a toxic focal nephritis. No pathogenic organisms were isolated, but the findings at autopsy showed a close resemblance to those of a severe streptococcal toxæmia.

### *Measles*

There was one death due to encephalitis in an infant aged 3½ years. He developed measles five days before admission on April 9th, 1948 with convulsions. He became unconscious and died the same day. Post mortem examination showed an encephalitis.

### *Scarlet Fever*

Although of a mild type out of 72 "discharges and deaths" there was one case of acute nephritis which made a good recovery and one fatal case of acute rheumatic pan-carditis. Both complications occurred in the third week in cases which had seemed mild at the onset, and served as a warning against making too optimistic a prognosis in the early stages. They also served to point to the fact that though scarlet fever is now usually a mild disease it is still one where preventive measures should not be dismissed as a waste of effort.

### *Whooping Cough*

There was one death from this disease in a baby aged 3 months. She was admitted on March 5th, 1948, and died on March 10th, 1948 from a broncho-pneumonia.

### *Diphtheria*

No case was admitted during the period in question, the only one in hospital having been admitted on December 11th, 1947, and having been commented on in the previous year's report.

Some reference is necessary to the consequences which follow the transference of the infectious diseases hospital from the direct control of the Medical Officer of Health. The hospital has no admission block and but meagre facilities for the isolation of individual patients. These considerations together with the realisation many years ago by my predecessor that the home treatment of many cases of scarlet fever was not only feasible but desirable, have led to the acceptance of an arrangement whereby all patients suffering from diphtheria, scarlet fever, meningitis, poliomyelitis, and the enteric fevers have been seen in their homes by your medical staff, irrespective of whether or not hospitalisation was desired.

Apart from a vast economy of public money this arrangement has led to the medical staff playing a greater part in epidemiological enquiries than is usual, and made of the medical superintendent an integral member of my staff.

In other authorities of comparable size where the medical officer of health has retained the title of medical superintendent of the isolation hospital, the National Health Service Act has not had the same unfortunate effect as in Southend-on-Sea, because he has continued, under the new regime, to be responsible for this work. Here, however, in order to attract the best type of man to your service my predecessor recommended the appointment not of an assistant medical officer but of a medical superintendent and so the accident of nomenclature and status have separated from the department an officer who, in other circumstances, would have remained in your service. As from the appointed day the general arrangements have remained unaltered, the management committee accepting Dr. Preston's services in relieving the

medical superintendent as full recompense for the epidemiological work ordinarily performed by the medical superintendent.

On the whole, the new arrangements have worked smoothly, but there are already indications of future difficulties. For one thing, it is not easy for a medical officer of health to acquiesce in certain of his statutory duties being confided as they must be in practice, to an officer who is not employed by his authority and whose relationship to himself is ill-defined.

Then again, the post of medical superintendent is not so attractive under the new system, nor are the opportunities for professional advancement as good as they were, and it is difficult to see how adequate and satisfactory recruitment to the infectious diseases service will be maintained now that the hospitals are thus divorced from the public health service.

In these circumstances, the authority cannot be indifferent to the future staffing arrangements at the isolation hospital and serious consideration may have to be given to the re-entry of your officers into a field so intimately linked with their duties, and from which they have been separated by accidents of administrative planning.

#### PUBLIC HEALTH (AIRCRAFT) REGULATIONS, 1948

Southend Airport became a Customs Aerodrome on the 5th June and arrangements were made for the operation of the Health Control as required by the Regulations.

The routine procedure of interviewing passengers disembarking from aircraft and completing the required Declaration of Health is undertaken by the staff of the Airport Manager assisted by H.M. Customs Officer who acts as Immigration Officer. The medical officers of the Department are available for attendance at the airport if summoned by the officer operating the Health Control. The resources of the Infectious Diseases service, including the Isolation Hospital and the ambulance service, are available if required.

It was only necessary to summon the medical officer on one occasion, when a passenger was found to be suffering from the effects of sunstroke. As there was no suspicion of infectious disease the aircraft was given immediate release.

The following table shows the number of "Customs" movements of aircraft and passengers during the year.

	Passengers		Aircraft	
	Arrivals	Departures	Arrivals	Departures
June ...	... 46	41	22	18
July ...	... 66	104	52	48
August ...	... 161	169	58	55
September	... 90	73	34	34
October	... 39	34	28	21
November	... 5	10	3	5
December	... 9	10	15	8
	—	—	—	—
	416	441	212	189
	—	—	—	—

Pending the erection of new administrative offices at the airport the Health Control is conducted in a converted Nissen hut which provides the minimum requirements for interrogation, medical inspection and segregation of potentially infected persons. It is recognised that the premises are not suitable for long-term use, particularly if, as anticipated, the volume of passenger traffic from abroad increases.

The majority of the foreign-going aircraft using the airport are engaged on relatively short flights to and from the Continent. The number of persons arriving from localities listed as "infected ports" is therefore small. There is, however, the possibility of passengers arriving in Europe from more distant areas and completing their journeys by air while still within the incubation period of the "Conventional Diseases."

### LOCAL GOVERNMENT SUPERANNUATION ACT, 1937, AND SICK PAY REGULATIONS

The following table shows the number of medical examinations carried out for the various Departments of the Corporation:—

Education	...	...	...	...	...	169
Transport	...	...	...	...	...	65
Parks	...	...	...	...	...	49
Fire Brigade	...	...	...	...	...	45
Borough Engineer's	...	...	...	...	...	30
Electricity	...	...	...	...	...	21
Borough Treasurer's	...	...	...	...	...	16
Health	...	...	...	...	...	14
Libraries	...	...	...	...	...	10
Town Clerk's	...	...	...	...	...	9
Pier and Foreshore	...	...	...	...	...	7
Cleansing	...	...	...	...	...	6
Airport	...	...	...	...	...	6
Police	...	...	...	...	...	4
Justices' Clerk's	...	...	...	...	...	3
Fuel Overseer's	...	...	...	...	...	2
Cemeteries	...	...	...	...	...	1
Borough Collector's	...	...	...	...	...	1
Entertainments	...	...	...	...	...	1
						459

In addition 244 Sick Pay Regulation cases were dealt with by enquiry and report without medical examination.

## CHILDREN ACT, 1948

The Town Clerk, in reporting to the General Purposes Committee on the Children Bill, and the manner in which the existing services of the Corporation in respect of deprived children were administered, stated :—

“ It will be seen that the problem before your Committee is, in some measure, that of the co-ordination of existing services under the control of a separate statutory committee which will have under its direction a specialist officer who will be required to give individual attention to all classes of deprived children.

“ The question arises, however, as to how far it will be necessary to set up an entirely new department. Although the Bill requires a large measure of co-ordination, a considerable overlapping of the Council’s services in respect of deprived children is still inevitable.

“ For instance, the department of the Medical Officer of Health is often concerned with the mother of a child yet to be born, who in due course, will become a foster child. Again, the Council is responsible not only for the spiritual welfare of deprived children, but also for their physical welfare, so that the homes, both external and institutional, will always require the supervision of the Medical Officer of Health. In the interests of the individual home, the supervision of the health visitors will have to be co-ordinated with the visits of the Children’s Officer, and, in addition, the health visitors would be able to give the Children’s Officer invaluable assistance in finding potential homes for further boarding out.

“ A further point is that the Children’s Officer will require considerable secretarial and clerical assistance in her tasks of administering Sea View Homes and children in Remand Homes and Approved Schools, and in her court work. All this assistance could be afforded the Children’s Officer by one of the major departments out of existing staff, and the Children’s Officer thus relieved of the burden of administering an independent department, would be freed for her first duty, which is to establish personal contact with each individual deprived child.

“ For these reasons, the opinion has been formed that it might be wise to appoint a Children’s Officer on the staff of the Medical Officer of Health—at any rate in the first instance.

“ Perhaps enough has been reported to give your Committee an idea of the complexity of the problems involved by this new Bill and to indicate that a considerable period of time must elapse before a finalised administrative machine is set up.

“ It is, therefore, suggested that the immediate first steps should be the appointment of a Children’s Committee which can give undivided attention to these problems, and the appointment of a Children’s Officer around whom can be gradually built up whatever administrative machinery is eventually decided upon. As stated above, it is anticipated by the Secretary of State that many local authorities will take

these measures in advance of final legislation, and there is much preliminary work already waiting to be done."

The Council accepted this report, constituting the Children's Committee as follows:—

His Worship the Mayor, nine Council Members of whom three were to be nominated by the General Purposes Committee, three by the Health Committee, three by the Education Committee, together with four Co-opted Members, representing the Probation Service, the National Society for Prevention of Cruelty to Children, the Health, and the Education Committees, respectively. At least four members of the Committee were to be women.

As from the 5th July the Committee was to exercise the Council's functions under the Children Bill and the following enactments:—

- (a) Part III of the Children and Young Persons Act, 1933 (children in need of care and protection committed by juvenile courts to a local authority as a "fit person," etc.).
- (b) Part IV of the Children and Young Persons Act, 1933 (children committed to Remand Homes and Approved Schools, etc.).
- (c) The Child Life Protection provisions of the Public Health Act 1936 (foster children) as amended by the Children Act.
- (d) The Adoption of Children (Regulation) Act, 1939 (supervision of children passing into the possession of "de facto" adopters otherwise than through a registered Adoption Society).

The first meeting of the Children's Committee was held on the 9th September when Miss Doris L. Ridd, B.Sc., was appointed Children's Officer in the department of the Medical Officer of Health.

The management of the Sea View Children's Homes where children are accepted from the age of three, vested in the Children Committee from its inception, but as regards the nursery at Connaught House, provided under the National Assistance Act, approval was obtained from the Secretary of State pursuant to Section 13 (2) to its use for the accommodation of children under the age of three years for a period ending not later than June 30th, 1949, and its management passed to the Health Committee.

Miss Ridd was unable to take up duty until 2nd January, 1949, and in the interim, in accordance with instructions of the Council, the Medical Officer of Health performed the duties of Children's Officer except those which had hitherto been undertaken by the Education Department, in respect of children in Approved Schools, and under the "fit persons" Clauses of the Children and Young Persons Act, 1933.

The summer and autumn months produced an acute crisis in regard to accommodation, and the Medical Officer of Health was given instructions to investigate the possibility of making some temporary arrangements which would meet the difficulties. It proved impracticable to do so, but by a variety of expedients, including resort to increased boarding out, we managed to meet all our essential obligations.

### *Connaught House Nursery*

The year was marked by three outbreaks of infectious diseases, which overlapped each other in time.

In April cases of whooping cough occurred. As soon as the diagnosis was established, the affected children were removed to the Borough Sanatorium. Thereafter, children developing suspicious symptoms were segregated in the nursery, pending confirmation of the diagnosis, after which they were transferred to the Borough Sanatorium, to which 24 children were eventually admitted. The last child to develop the disease did not do so until the 23rd August, when there remained in the nursery only three children, excluding infants, who had not had whooping cough. These three were admitted to hospital as contacts with the object of terminating the focus of infection of whooping cough, and also because cases of measles were now beginning to occur.

The measles outbreak began on the 26th August, and a total of 22 children were removed to the isolation hospital as they developed symptoms. The last child to develop measles did so on the 7th September.

The control of infectious disease at the nursery is made difficult by two factors, namely, the impossibility of stopping admissions, and the inadequacy of isolation accommodation for suspected cases of known contacts.

While some of the nursery children were still at the hospital it was necessary to admit thereto a child visitor from London, acutely ill from an enteritis which subsequently proved to be Sonne dysentery. The hospital was full at the time and no separation ward was available until the next day. He was, therefore, placed for one night in barrier isolation in a ward in which there were two of the Connaught House children who were contacts of measles and whooping cough.

Cross infection occurred, and on the 5th September one of the Connaught House children developed dysentery.

From this unfortunate beginning, infection with Sonne dysentery spread through the nursery and was not finally eradicated until February, 1949, some 20 children being affected in all. Fortunately the efforts of the staff to prevent the infection of the nurslings were completely successful, and call for the highest commendation.

The difficulty of obtaining satisfactory criteria of freedom from infection in this disease is well known, and was amply illustrated in this outbreak. Children who were returned to the nursery after very full bacteriological investigation were subsequently found to be excreting the organism again and re-infected other children there. The outbreak was finally controlled by splitting up the convalescent children into small groups, so that no child was returned from hospital to the nursery until all the children in his group had had repeated negative bacteriological examinations.

### *Sea View Homes*

The general health of the children was good throughout the year.

In the summer months (June-July) there was an outbreak of measles, with ten cases in all. There was one case of mumps.

Four children attended the Chest Clinic for supervision during the year. Three children attended the Southend General Hospital as outpatients.

### CHILDREN ACT—STATISTICS

#### *Public Health Act, 1936. Child Life Protection.*

No. of individual foster mothers	...	...	...	...	78
No. of individual foster children	...	...	...	...	105
No. of individual notices of reception received during the year	...	...	...	...	57
No. of visits	...	...	...	...	612

#### *Adoption of Children (Regulations) Act, 1939—Section 7.*

No. of notices received	...	...	...	...	28
-------------------------	-----	-----	-----	-----	----

*From July 5th, 1948.*

### *Connaught House Nursery.*

		Borough	County
Children remaining on July 5th, 1948	...	25	—
Admissions	...	35	—
Discharges	...	23	—
Disposal—To parents or relatives	...	20	—
,, adopters	...	—	—
,, Boarding out	...	—	—
,, Sea View Homes	...	3	—
,, Other Homes	...	—	—

### *Sea View Homes*

	Borough	County
Children remaining on July 5th, 1948	63	15
Admissions July-December	43	3
Discharges July-December	66	3
Disposal—To parents or relatives	53	—
,, adopters	—	—
,, Boarded out	5	—
,, Other Homes	8	—
<i>Children Boarded Out</i>	...	19
<i>No. of Children in Approved Schools at 31/12/48</i>	...	44
<i>Children committed to care of Local Authority under Children and Young Persons Acts</i>	...	4

## NATIONAL ASSISTANCE ACT, 1948

The first section of this Act begins with the words "The existing Poor Law shall cease to have effect," this simple phrase marking a turning point in 300 years of social history. Henceforward, a National Assistance Board has the duty of helping those in need, of rehabilitating those who, through lack of regular employment, instruction or training, require it, and of making provision in reception centres for those without a settled way of living. Outdoor relief becomes "assistance," the relieving officer is succeeded by a civil servant, and the casual ward is replaced by a reception centre, the aim of which is to induce a more settled way of life.

The local authorities are now given the duty of providing services, and not cash. Residential accommodation is to be provided for those whom age, infirmity or other circumstances render incapable, and for whom, the care and attention which they need, is not otherwise forthcoming. Such accommodation can be provided direct by the local authority, or by arrangement with voluntary bodies. Accommodation is also to be available for those who become temporarily homeless through unforeseen circumstances, such as fire, flood or other disaster.

Those who are substantially and permanently handicapped by illness, injury or congenital deformity, become the concern of the local authorities, and welfare arrangements are to be made for the blind, the deaf and the dumb and the crippled. These services are to include the provision of home and other instruction for overcoming the effect of these disabilities, the provision of workshops and work, assistance in the disposal of the produce of such work, opportunities for recreation in their own homes and elsewhere, the keeping of registers of the handicapped, and the giving of information and advice about the services provided. The payment of money, except by way of wages, is forbidden.

There are other less comprehensive, but by no means unimportant, provisions in the Act, including powers to contribute to old persons' organisations, the registration of charities for the disabled, and of homes for the disabled or for old persons. There are powers to secure the removal of persons in need of care and attention, to safeguard the moveable property of persons removed to hospital, to arrange for the burial or cremation of the dead who have no friend to perform this office for them, and to act as Receiver for the affairs of those unable to do this for themselves.

The need and the practicability of these provisions have been demonstrated by the pioneer efforts of voluntary organisations and enlightened statutory bodies, and they offer fresh opportunity and a challenge which, if properly accepted, can create a new future for old age, incapacity and crippledom.

As has already been stated, the Council decided that its duties under this Act should be discharged by the Health Committee through the agency of the Health Department.

This arrangement, one not discouraged by the Ministry of Health, has also been made by a small number of other local authorities; it produces certain administrative economies and ensures that there is no hiatus between care and after-care services provided under the National Health Service Act and those which are forthcoming under the National Assistance Act; it makes the citizen, who needs not money but service, the concern of one department and one group of officers and, most important of all, it places responsibility with one agency removing any uncertainty as to spheres of jurisdiction, and effectively prevents any resorts to evasive action by administrators.

Thus, the aged person who is unable satisfactorily to look after himself, becomes the concern of your Health Department and his needs must be met, be it by the provision of a domestic help, or a district nurse, or both, or by admission to Part III accommodation. If, as is too often the case at the present time, there is no immediate vacancy for him, the department must somehow contrive to care for him until admission to a home is possible. This inter-dependence of the various departmental sections is very salutary, and the realisation that each is dependent upon the willing co-operation of the others, powerfully reinforces co-operation and integration.

Because one department is responsible, it is possible to allow and to encourage a little overlapping of particular jurisdictions, so that an officer who first deals with an applicant can sometimes be allowed to continue to do so, even though the precise method in which assistance is provided is not strictly his or her sectional concern. With the growing complexity of welfare arrangements, it is desirable that the individual should have as few officers as possible with whom to deal.

The work of the Council under this Act is mainly confided to two sub-committees, namely, the Residential Services Sub-Committee and the Care and After-Care Sub-Committee, their titles being sufficiently self-explanatory. All "case work" for the department, whether it arises out of the National Health Service Act or the National Assistance Act, is the concern of one sub-committee, which also assesses charges. It is believed that this integration will also prove most valuable. Mr. H. G. Evans, the Chief Social Welfare Officer, came to the department on the "appointed day" as Residential Services Officer, and became responsible for Connaught House and Sea View Children's Homes until the latter was transferred to the Children Committee. The Settlement Officer, Mr. Lamsden, and the enquiry clerk and telephonist, were also transferred to this department. The services of Mr. Treadaway, the collector, were retained until September 30th, 1948, and with the exception of Mr. Price and Mr. Smith, who joined the Mental Health Services section, they are the only officers of the former Public Assistance Committee's central administration who remained in the Council's service, all the others having obtained alternative employment with the Ministry of National Insurance and the National Assistance Board.

## PART III ACCOMMODATION

Residential accommodation is provided at Connaught House, a former public assistance institution, the oldest part of which dates from 1837. An extensive programme of building, unhappily brought to a premature end by the outbreak of the war, had already provided first-rate accommodation for 201 residents who require more care and attention than is usual in old people's homes. The remaining buildings are old, and some are ripe for demolition, because of their design and lack of amenities. They are, however, in a good state of repair, and a high standard of decoration makes them light and cheerful.

Altogether, by dint of some overcrowding, places can be found for 300, but all cannot be used for your own residents because, under a user agreement, which comes to an end in 1951, the Essex County Council has the right to 77 beds.

Ever since the appointed day this accommodation has been under severe and sustained pressure, and if we had not been able to co-ordinate your domestic help service, the work of your district nurses, and the management of this accommodation, it is doubtful whether the first winter would have passed without at least a partial breakdown here.

Dr. Cieman, Medical Superintendent of the adjoining hospital which was developed out of the former sick wards of this self-same Connaught House, has guided and controlled the two-way stream of patients between it and the hospital, to the mutual benefit of all. This arrangement has been of cardinal importance both to the Health Committee and the Hospital Management Committee in dealing with their heavy commitments.

Under the Act, a local authority can make arrangements with voluntary organisations for the provision of Part III accommodation. The large number of elderly people in Southend, many of whom belong to the middle classes, made it necessary for the Corporation to consider making arrangements with a variety of voluntary homes. The officers concerned advised:

"It would be impossible, properly to provide for old people, unless full use is made of voluntary effort and initiative. People coming within the scope of the Act will vary so tremendously in social background, outlook and needs that a great variety of provision will be required, and now that the hospitals and other institutions have been taken over by the State it is likely that voluntary effort will be increasingly directed towards improving the lot of the aged."

"In considering premises for recognition for the provision of Part III accommodation the Committee will have to be satisfied that:—

- (a) the accommodation is itself suitable;
- (b) the financial arrangements of the voluntary body providing accommodation conform to certain requirements;
- (c) the applicant is a proper person to be provided with Part III accommodation."

The following requirements were suggested:—

1. That the organisation must be non-profit making.
2. That a copy of the constitution of the organisation should be forwarded to the Corporation and that the Corporation should be informed of any alterations or amendments thereto.

3. That a copy of the annual accounts, audited by a properly accredited accountant, should be forwarded to the Borough Treasurer; and that he should have the right to scrutinise them.
4. That the organisation should have the right to refer to the Corporation cases for acceptance by the Corporation under an agreed scheme; similarly the Corporation to have the right to refer to the organisation cases deemed to merit admission to the Home(s).
5. The Corporation's Officer to have access to the Homes for interviewing persons, accepted or proposed to be accepted, under the scheme.
6. That any financial reimbursement to a voluntary organisation by the Corporation should not normally include any element covering the capital cost of the property (initial cost of building, alteration and adaptation, equipment or extensions whether in respect of debt repayment or loan or bank interest)."

The officers went on to say:—

"It will be noted that no recommendation is made as regards the representation of the local authority upon the Committees of Management of these various institutions. We are aware that not to request representation might represent a departure from what is customarily regarded as local authority policy, and we feel constrained, therefore, to point out that the authority may well have to complete arrangements with a large number of bodies many of whom would provide premises remote from Southend and so that any representation would be impracticable."

They then pointed out that agreements would be more easily arrived at with management committees if there were no grounds for their questioning the ultimate intentions of the authority as to control, and they concluded "Most of these voluntary bodies are formed of people who come together for a specific purpose and have, therefore, a similarity of aim and outlook, and in carrying out their work together they form other associations to which outsiders will not easily be admitted."

Experience has shown that these requirements and considerations are not ill conceived and the policy adopted by the Health Committee has made for smooth and agreeable relations with the voluntary bodies concerned.

The Southend-on-Sea Council for the Welfare of Elderly People provides "Sandringham," a home for 35 residents, which is a model of its kind, and to which admission is most eagerly sought. There is, unfortunately, a long waiting list. The Homes Committee has regard not to physical need but to other factors like loneliness and it would be difficult to too highly commend the work which they do. A house in Lifstan Way, "Dowsettholme," has recently been given to the Council for the Welfare of Elderly People by Miss Olive Dowsett, and it is intended to use it for the accommodation of persons requiring a greater degree of personal attention than could be conveniently afforded at "Sandringham."

"St. Martins," Imperial Avenue, provided by the Mission of Hope has accommodation for 41 women. Here again the scope of the provision and amenities provided are wholly admirable.

So far, our experience suggests that voluntary homes will be invaluable in dealing with certain kinds of applicants, but many of them will be unwilling or unable to accept those degrees of disability and need which constitute our most serious problem, and the local authority will

need to make provisions for the helpless, the incontinent, the anti-social and those who are becoming weaker in their wits.

Shortly after the appointed day, many people who had been admitted to voluntary homes and were managing quite happily with the help of supplementary pensions, found themselves, quite unexpectedly, the concern of local authorities.

It has not always been easy to explain the reasons for this, either to the residents or the voluntary homes, and it may, therefore, not be out of place to refer to this matter in some detail.

With the end of the Poor Law the complicated law of "settlement" ceased to have effect; instead, the criterion of "ordinary residence," which had been defined and used quite successfully for the Blind Persons Act, is in future to be used to determine which local authority is responsible for providing Part III accommodation. The Minister of Health ruled that people who had entered a voluntary home prior to the appointed day with the intention of living there permanently, acquired an "ordinary residence." Consequently if they then required Part III accommodation, the responsibility for providing this rested with the local authority of the area where the home was situated. It will be readily appreciated that this ruling, although perhaps inevitable, operated somewhat to the disadvantage of those areas where climate, amenity and the existence of suitable premises, had encouraged the growth and establishment of voluntary homes. Put another way, every resident in a voluntary home became a potential Part III responsibility of the appropriate local authority after the appointed day.

Now in the past, Old Age Pensions had from time to time been supplemented so as to enable pensioners to meet the full maintenance charges in voluntary homes. When the National Assistance Board took over the responsibility for these pensions, however, they were precluded from paying any assistance whatsoever to a person living in a voluntary home, unless he occupied accommodation recognised by some local authority or another as being provided under the Act, and, furthermore, the Board was not allowed, except as a transition measure, to pay these people any sum in excess of 26/0d. a week; so it came about that local authorities had the alternative of paying for them to continue in voluntary homes, or of tacitly acquiescing in their being asked to leave because the home could not afford to maintain them. In these circumstances the Health Committee did the only thing possible and agreed to regard these people as Part III residents.

It took some time to make the necessary administrative adjustments and investigate the circumstances of each resident, but in the interim period the National Assistance Board were most helpful in continuing to make allowances at the former rates.

In order to safeguard the position in the future, the Council had to make it clear to voluntary homes that they could not accept any responsibility in respect of residents unless their admission had been previously agreed with the Corporation.

Applicants for admission to Part III accommodation come to us in all sorts of ways—from prospective residents themselves, landladies relatives, doctors, National Assistance Board officers, voluntary agencies like the W.V.S., well-disposed neighbours, health visitors and duly authorised officers. Behind the unofficial representations are to be found motives as diverse as the sources from which they come; and one is surprised equally by the extremes of kindness and cold selfishness which are manifested.

Some old people are fortunate in having found landladies who care for them devotedly, and certainly with little or no profit to themselves who tolerate some of the unpleasant ways into which old people can degenerate, accepting quite cheerfully suspicion, unreason, garrulity, ingratitude and unwarranted interference, to say nothing of the partial failure of bodily functions. These unassuming "good Samaritans" are mostly unaware of their own goodness of heart, or of the extent of the affection which they feel for the old people for whom they care.

There are, however, deep shadows in the picture too. We not infrequently encounter children devoid of filial feeling or regard, and landladies who, at the first sign of any trouble or prospect of a better financial return for the miserable accommodation they offer, seek to be rid of an old tenant.

In dealing with old people we see consequences which those who made possible the growth of the Welfare State surely never foresaw, and would be the first to decry.

There appears to be a growing tendency to supersede personal, by collective responsibility, and more and more people, seeking to avoid an unwelcome duty, attempt to place the onus with the community. There is coming to be expected from officials a degree of devotion which many members of the public deny to their own flesh and blood, and there are signs that the more sensitive are beginning to rebel against this growing moral burden.

Since the appointed day nearly all the applications for admission have been reported upon by the health visitors, who have found in these new duties an added interest. Their reports have been of first-class value, particularly as they have been able to assess the practicability of other forms of assistance which would make admission to Part III accommodation unnecessary for the time being at least.

This experience of having trained social workers to deal with old people encourages the belief that an old people's almoner, who could visit, advise, straighten out difficulties with landladies, and find suitable accommodation, would be a most useful appointment.

#### PART III ACCOMMODATION—STATISTICS

*Connaught House (period 5th July, 1948, to 31st December, 1948)*

The following figures exclude children resident in the nursery,

particulars of whom are given in the section dealing with the Children Act.

		Borough	County	Total
Residents on 5/7/48 ...	...	213	74	287
Number of admissions ...	...	107	24	131
Number of discharges ...	...	95	22	117
Number of deaths ...	...	3	3	6
Residents on 31/12/48 ...	...	222	73	295

In addition to the above, 48 persons were being provided with Part III Accommodation by the Authority as follows:—

In Homes and Hostels for the blind ...	...	13
In Homes of Norfolk County Council	...	9
In Homes of Kesteven County Council	...	3
In Homes of Huntingdon County Council	...	11
In Homes of Middlesex County Council	...	1
In Homes of London County Council	...	1
Old Peoples Home Reigate	...	1
Methodist Home for the Aged	...	1
Homes for Epileptics ...	...	3
Mental After-Care Homes ...	...	5

## WELFARE PROVISIONS

### Blind

Under the Act the local authority is required to submit proposals to the Minister in regard to the exercise of their powers under Sections 9 and 30 (welfare). These proposals were being formulated at the close of the year, and will be described and discussed in the annual report for 1949.

One result of the Council's decision as to the administrative arrangements under this Act, was that the welfare of the blind remained a function of the department which had developed this work, ever since the Blind Persons Act of 1920. The Act took away from the Council the responsibility of making monetary allowances to blind persons and their dependents, a change which was most welcome, because the administration of allowances has always seemed to interfere to some extent with the real aims of this work, and subtly but perceptibly, to modify the relations between the blind people and their home visitor. Statistics of this section of the work are given below:—

### Register of the Blind, 1948

	Males	Females	Total
Number on Register 1/1/48 ...	107	140	247
Left Borough during the year ...	4	5	9
Died ... ...	9	16	25
De-certified ... ...	1	—	1
Untraced ... ...	1	—	1
Transfers in from other areas ...	7	4	11
Newly registered during the year	9	16	25
On Register 31/12/48 ...	108	139	247

Six blind persons were in the hostel provided by the Essex County Council, six were in blind homes and seven in social welfare institutions.

#### *Work of the Home Teacher*

A total of 1,138 visits was made to blind persons in their homes during which 105 lessons in Braille reading and writing and Moon reading, and eight handicraft lessons were given.

The weekly handicraft class continued successfully and at the end of the year 23 blind persons were attending to receive instruction in chair-caning, weaving, netting, string-bag making and other crafts.

#### *Home Workers*

At the end of the year there was one home worker in receipt of augmentation of wages engaged in basket making.

#### *Periodicals*

There are 12 English and 3 American periodicals in Braille and Moon type which continued to be supplied free of charge to local blind readers.

#### *Use of Deck Chairs on the Promenade and Cliffs.*

Blind persons who could avail themselves of the facility continued to enjoy the use of free passes granted by the Council's Entertainment Committee to use deck chairs on the promenade and cliffs.

#### *Transport Facilities*

The Corporation's Transport Committee again issued passes to enable blind persons to use the Corporation's buses free of charge. 18 such passes were issued and this facility was very much appreciated by the blind population.

#### *Wireless*

Twelve wireless sets were supplied by the British Wireless for the Blind Fund during the year, enabling several obsolete sets to be replaced.

#### *Blind Men's Forum*

The Southend-on-Sea Men's meeting of the Clarence Road Baptist Church conceived the idea of a Southend Blind Men's Forum, and His Worship the Mayor, Alderman S. F. Johnson, J.P., presided at the inaugural meeting held at the Clarence Road Baptist Church on December 9th, when it was decided to hold weekly meetings on Wednesday afternoons, the programme to include talks, discussions, musical afternoons, table games, etc. Mr. W. C. Merry was appointed Honorary Secretary and Treasurer and, at the time of writing, the Forum is well established.

#### *Entertainments*

The Social Service Committee of Round Table No. 106 under their Chairman, Dr. G. Norman Miller, arranged a number of outings in members' private cars during the summer months, and also entertained large parties of blind persons to several social evenings during the winter. In addition, the Milton Lodge of the Ancient Order of Druids entertained a large party of blind persons and their guides at a social

evening and concert in October. Both of the organisations mentioned bore the whole cost of the functions they provided and in addition, arranged car transport to and from their homes for the blind persons, thus enabling many to attend who could not otherwise have done so.

The Committee and the blind persons themselves were very appreciative of the work done by these organisations during the year in the interests of our blind people.

### *Other Welfare Provisions*

As regards other forms of welfare, we could do little save to ensure that needs which had been met under the old legislation were dealt with under the new. Persons who had been maintained by the Public Assistance Committee in mental after care homes or epileptic colonies continued to be maintained under National Health Service Act, 1946, Section 28 powers, or under National Assistance Act, 1948, Part III powers, and, as far as the department is aware, continuity of help was ensured in all cases. In passing, it may be remarked that in dealing with the National Assistance Act one came to evaluate the varied and complex provision which had evolved under the old Poor Law, and to pay tribute to the national genius for adapting old forms to suit altered conditions.

The sections of the Act relating to the registration of charities for the disabled and of homes for the disabled or old people, did not come into operation during the year, although certain steps were taken in pursuance of the powers conferred on the Corporation by their 1947 Act. The necessary enquiries about the burial or cremation of the dead were undertaken by the department, but the actual funeral and other arrangements were made by the cemeteries department at the expense of the Health Committee.

A good deal of work had to be done in connection with the various Receiverships arising out of the work of the former Public Assistance Committee, and in regard to the cessation of chargeability in respect of patients in mental hospitals and institutions, all of which was dealt with by the residential services officer and his staff.

Action under Section 47 to secure the removal of persons in need of care and attention is outlined below. The Chief Sanitary Inspector was intimately concerned in carrying out this work, and to him I am very much indebted.

#### *Section 47*

The Southend-on-Sea Corporation Act, 1947, Section 134, conferred powers similar to those of the National Assistance Act, 1948, Section 7, although there are some minor differences of procedure between them.

The powers conferred by this section, though valuable, are limited, particularly so when dealing with individuals who, while anti-social in their behaviour or mode of life, cannot be shown to be "aged or suffering from a grave chronic disease," or to be of unsound mind

within the meaning of the Lunacy Acts. It was for this reason that the Corporation in their Bill, attempted to secure powers to deal with people who were mentally as well as physically infirm.

Another disadvantage arises from the fact that the section cannot be applied in an emergency, for action can only be initiated as a result of a decision by the local authority, and even when powers in their behalf, are delegated to a committee, delay is inevitable. Seven days notice has to be given to the individual whose detention is sought whereas the period of notice in the Corporation Act was only three days. The Medical Officer of Health is the only person who may give the necessary certificate, and the Court has subsequently to be satisfied by his oral evidence. It may well be that experience will show ways of amending the sections so as to make it even more useful than it now is for the limitations to which attention has been drawn are quite serious.

There was no difficulty in securing accommodation for the individual, particulars of whom are given below, who were dealt with under this section because, of course, the Health Committee is responsible both for the provision of Part III Accommodation and for initiating action under this section.

A man of 90 was found living in three rooms with his wife aged 73. Their persons were verminous, their room and furniture were heavily bug-infested, the man was practically blind, very deaf, and suffered from an enlarged prostate.

It was clear that his wife, though capable of looking after herself could not make the necessary effort to improve the deplorable conditions then existing, and an Order detaining her husband in Connaught House for three months was made on July 6th, being renewed for a further three months on October 5th.

The old man having been removed, action was taken under Public Health Act, 1936, Sections 83, 84 and 85, and Orders obtained which inter alia, detained his wife in the Borough Sanatorium for three weeks while her person and her accommodation were disinfected and cleansed.

A woman aged 94 shared two rooms with her daughter aged 65 both having been in receipt of Public Assistance for many years. Complaints were received about the offensive smell from their apartment and the person of the daughter. They were kept under observation for many months, but until the daughter fell ill, and was unable to do anything for her mother, it was considered that action under this section could not be initiated. However, on July 23rd an Order sending the old lady to Connaught House was made and renewed on October 19th. She strenuously resisted removal, but when visited later in Connaught House she was obviously happy and contented there. Within a few days the daughter, who, having refused medical examination could not be brought within the provisions of this section, was admitted to hospital where she was found to have extensive and long-standing ulceration of the leg, a condition fully accounting for the offensive smell of which complaint had been made. She was obviously of subnormal mentality, being regarded as a high-grade mental defective.

# ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1948

---

## WELFARE AND SPECIAL SERVICES SUB-COMMITTEE OF THE EDUCATION COMMITTEE

*Chairman:*

Alderman Mrs. C. Leyland, M.B.E.

*Vice-Chairman:*

Councillor E. A. Clarke.

*Ex-Officio:*

*Chairman of Education Committee:*

Miss M. E. Reay, C.B.E., J.P.

*Vice-Chairman of Education Committee:*

Councillor P. B. Renshaw, I.S.O.

*Chairman of Maternity & Child Welfare Committee:*

Alderman S. F. Johnson, J.P.

Alderman Mrs. M. Broom.

Councillor J. W. Dorling.

Councillor Mrs. M. E. Harvey.

Councillor H. W. Pinchbeck, F.R.I.C.S., F.A.I.

Mr C. W. Beale, J.P.

Mr. E. G. Bowyer.

Miss E. O. Dowsett.

Reverend P. C. Lee.

Dr. W. I. Moore.

Mrs. S. G. Sylvester.

## STAFF OF THE SCHOOL MEDICAL OFFICER

### A. WHOLE-TIME OFFICERS.

*School Medical Officer:*

J. Stevenson Logan, M.B., Ch.B., D.P.H.

*Deputy School Medical Officer:*

J. Conway Preston, M.R.C.S., L.R.C.P., D.P.H.

*Assistant School Medical Officers:*

John Greenhalgh, M.B., B.S., M.R.C.S., L.R.C.P., D.A.

Gladys Lilian Neill, M.B., B.S., M.R.C.S., L.R.C.P.

*Senior School Dental Surgeon:*

Edgar C. Austen, L.D.S.

*Assistant School Dental Surgeon:*  
Alexander T. Craig, L.D.S.

*Health Visitors who also act as School Nurses:*

- Miss K. M. Burnett.
- Miss M. Butcher.
- Mrs. V. Grove, resigned 13.10.48.
- Miss M. N. Withams.
- Miss D. E. Stevens.
- Miss A. E. Penfold, resigned 24.9.48.
- Miss G. M. John.
- Miss A. M. Tourret.
- Miss F. L. Blackbourn.
- Miss M. K. Lock.
- Miss P. Barritt.
- Miss G. M. Willcocks, appointed 12.7.48.
- Miss H. A. Gracey, appointed temp. T.B.H.V. 30.8.48  
Health Visitor 27.9.48.
- Miss B. M. James, appointed 18.10.48.

*School Clinic Nurse:*

- Miss D. L. Willis.

*Psychiatric Social Worker:*

- Miss D. L. Freeman-Browne.

*School Clinic Attendant:*

- Miss W. England.

*Dental Attendants:*

- Miss I. J. Sinclair.
- Miss D. Fill.

*Clerks:*

- Miss A. M. Roberts.
- Miss D. Mantle.
- Miss J. Wheeler, on extended leave.
- Miss E. Hodgson, appointed temporarily 1.11.48.

## B. PART-TIME OFFICERS.

*Ophthalmic Surgeon:*

- D. D. Evans, M.D., Ch.B., D.O.M.S. (till July 4th, 1948).

*Surgeon for Operative Treatment of Tonsils and Adenoids:*

- C. Hamblen Thomas, F.R.C.S. (till July 4th, 1948).

*Orthopaedic Surgeon:*

- B. Whitchurch Howell, F.R.C.S. (till July 4th, 1948).

*Psychiatrist:*

- H. Bevan Jones, M.R.C.S., L.R.C.P., appointed 1.4.48

*Speech Therapist:*

- Mrs. R. W. Jenkins, L.C.S.T

## STAFF.

Until the appointment of Dr. Bevan Jones in April the Child Guidance Clinic was kept in being with the part-time assistance of Dr. P. Scott, of Runwell Hospital. Miss Bonniface, educational psychologist, resigned on 31st August and the Clinic was without a psychologist for the remainder of the year, owing to the inability of the Local Education Authority to fill the post.

As indicated later in this report, the special clinics have continued to operate as in former years, under the direction of the same consultants. It is a pleasure to record the gratitude and obligation of your medical officers and the department as a whole, to Mr. D. D. Evans, Mr. C. Hamblen Thomas and Mr. B. Whitchurch Howell for their distinguished services and ever-present help as members of the Education Committee's staff over a period of many years.

Dr. G. Foster Smith continued to attend for Eye Clinic sessions once a week.

Mrs. V. Grove and Miss A. E. Penfold resigned from the staff of health visitors and school nurses and were succeeded by Miss G. M. Willcocks and Miss H. A. Gracey.

The establishment of health visitors and school nurses was restored to 12 for the first time since before the war, by the appointment in October of Miss B. M. James.

The school clinic attendant, Miss L. M. Marshall, was granted leave of absence in January for a period of twelve months to enable her to undertake general nursing training under the scheme for ex-members of H.M. Forces. Miss W. England was appointed to act as clinic attendant for the period of Miss Marshall's absence.

## SCHOOL MEDICAL AND DENTAL INSPECTION.

Reference was made in last year's report to there being fewer routine medical inspections following on the introduction of the new standardised record forms. After an experimental period during which the number of inspections per session was reduced to 20, the number was finally fixed at 25.

The further decline in the number of inspections carried out this year was caused by the sickness of one of the medical officers, as well as absence while engaged on an instructional course in mental deficiency for the purpose of completing the requirements for approval as a certifying officer under the Handicapped Pupils and School Health Service Regulations.

Some fluctuation in the number of routine inspections is, of course, a natural consequence of the varying prevalence of the common infectious diseases, which may lead to a low attendance at a time an inspection has been arranged. It is however, apparent that if the number of routine inspections undertaken is to keep pace with the expanding

needs of the School Health Service as a whole, some augmentation of the medical staff cannot be long delayed.

The number of children on the rolls of the Authority's schools is now about 17,300. There are only two medical officers available for routine inspections. The Deputy School Medical Officer, who used to undertake routine inspections in the boys' high schools, is now fully occupied with the examination of handicapped pupils and similar special duties. The number of days upon which routine inspections can be undertaken is limited by the school terms, whereas the clinics are open throughout the year. The time available is still further reduced by the fact that inspections cannot be arranged during the first week at least of each term as the registers are not available until after the schools have re-assembled.

The re-opening of the Open Air School, its enlargement, and the provision of a new Day Special School for E.S.N. children, will make further demands upon the time of the medical staff when they take place. Hitherto the expansion of the service has been gradual, and has been met by internal re-organisation, but no further assistance can be foreseen from this source.

Mention was made in last year's report of the difficulties met with in arranging and conducting routine inspections owing to lack of accommodation in the schools. The situation at West Leigh School made it impossible to obtain the use of a room on the premises, and in February the consent of the Minister was obtained for the use of Burnham Road Clinic for routine inspections.

There is little that calls for comment in the findings at routine medical inspections. The general condition of the children remained satisfactory, with no significant differences from previous years. The incidence of defects found at routine inspections follows closely the pattern found last year. At special inspections 300 more children were found to require treatment for defective vision than in 1947. This is due in part to the raising of the school leaving age with the result that children remain within the purview of the School Health Service for an additional year.

The number of routine dental inspections made in schools again declined, although the volume of work performed in the surgeries showed its customary increase. The interval between routine inspections lengthens, and the amount of treatment required by each child increases in proportion, so each factor in the situation reinforces the effect of the other. No further comment is offered now, because the procedure in regard to inspections and treatment was altered early in the following year.

It has always been the custom to offer facilities for medical inspection at the school clinic to organised parties of children going to camps etc. during the summer holidays, with the object of ensuring that the children are free from infection and fit to undertake the physical demands of camping. There has been a considerable increase in re-

quests for these facilities since the war, and this year about 260 children were so examined. The majority of the applications come in the first two or three weeks of the school holiday when the department is short-staffed, and it was necessary to refuse one party this year because no medical officer could be made available at the time required.

### PROVISION OF MILK AND MEALS.

In addition to the schools which have their own canteens, meals were supplied from five central kitchens. Some container-meals were also supplied to other schools from the kitchen-dining room units at Richmond Avenue and Southend High School for Girls. The proportion of children taking school meals is still about 60 per cent.

During the holidays school meals were available at eight centres, Leigh North Street, Westborough, Bournemouth Park Road, Shoebury, Hinguar Street, Thorpe, Fairfax and Eastwood. There is still a marked difference between the holiday attendance of children in receipt of free meals and those whose parents are required to pay for it. Experience shows that many children in the former group, to whom the holiday facilities might be expected to be most useful, do not attend regularly, although their parents have expressed the intention that they should do so.

There was no reported occurrence of food poisoning attributable to school meals during 1948. The staff of the school meals service are encouraged to report any gastro-intestinal or infectious illness affecting themselves or their families, and in appropriate cases bacteriological investigations are made before they return to duty. It is appreciated that investigations of this nature are sometimes unwelcome to the persons concerned, and their loyal co-operation is much appreciated.

### ARRANGEMENTS FOR TREATMENT

*with particular reference to the coming into operation of the*

#### NATIONAL HEALTH SERVICE ACT.

##### 1. GENERAL.

The coming into operation of the National Health Service Act produced no marked changes or dislocation, and its impact on the school health service has been both gradual and gentle.

As regards hospital treatment the only change has been that children are now referred direct to the hospital for operative treatment of tonsils and adenoids instead of via the school clinic. Arrangements for the exchange of information have been maintained and even improved.

#### *Diseases of the Eye and Errors of Refraction.*

The specialist is now remunerated by the Regional Hospital Board and there is some extra paper work occasioned by the use of form O.S.C.2. The children have had to endure the lengthy wait for their

spectacles which results from the increased demands on the optical industry. In general the opticians have tried to expedite delivery where the need was urgent. The only serious criticism which can be offered is that spectacles are no longer required to be submitted to the specialist for verification before being supplied to the child, as was invariably the practice before July 5th last. No difficulty has been occasioned by the free choice of optician permitted under the supplementary ophthalmic services regulations, no doubt because our existing arrangements allowed of this.

*Orthopaedic and Crippling Defects.* The clinic services, having always been provided at the hospital, passed smoothly under the new control and the arrangements for liaison have remained unaltered.

*Ear, Nose and Throat.* Here the position has been as described in the preceding section.

*Child Guidance Clinic.* The work of the clinic has been maintained under existing arrangements, although discussions have taken place with officers of the Regional Hospital Board as to the future.

*Inspection and Minor Ailment Treatment Centre.* This work has increased, and our relations with our professional colleagues are the happier because there is now no longer any shadow of reason for their regarding the school clinic as inimical to their financial interests. It is unfortunate however that drugs cannot be prescribed by the medical officers in suitable cases, since the various alternative procedures, namely referring the child to the family doctor, supplying the drug via the L.E.A. or inviting the parent to purchase it, are equally unfortunate.

*Provision of Convalescent Treatment.* After consideration of the position created by the new Act, the L.E.A. decided to make use of their powers to provide convalescent treatment under the Education Act 1944 and not to leave the local health authority to do so under the National Health Service Act 1946, Section 28.

*Dental Service.* It is here that the effects of the new service have been most apparent and most marked. The salaries generally offered to dental officers in the service of local authorities are so markedly inferior to those obtainable in private practice since the inception of the dental arrangements under the Act that recruitment has ceased, and the loyalties of the remaining staff placed under a severe strain. There has also been discussion in certain quarters about the desirability of the L.E.A. continuing to bear 50 per cent. of the cost of dental treatment when this is to be obtained free under the Act.

## 2. MALNUTRITION.

The arrangements for the supply of free milk and meals on medical recommendation or on evidence of economic need continued as in former years. Cod Liver Oil and Malt and Parrish's Food are available free of cost on medical recommendation.

### 3. MINOR AILMENTS.

The inspection clinic and minor ailment treatment centre at the Municipal Health Centre was open daily throughout the year as usual.

Continuing the practice initiated last year the additional clinics at Burnham Road, Leigh, and Shoeburyness were held once weekly throughout the year and combined with diphtheria immunisation clinics.

The additional clinic at Eastwood School was held once weekly during term time only. This is now the only clinic to be held on school premises. Comparison of this clinic with those held on *ad hoc* premises provides some interesting reflections. The holding of a minor ailment clinic at a school should have substantial advantages. It reduces the time a child is away from school by reason of a clinic attendance, and it affords an opportunity to the medical officer to see the child in his environment and to consult the headteacher when required. In practice however, these no longer obtain. The premises are not designed primarily for use as a clinic, and are only suitable if the school hall is always available as a waiting room; its use for school purposes during clinic sessions is unsatisfactory to both parties, for a class lesson is an unwelcome accompaniment to medical consultation.

The saving of time spent away from school by the individual child is offset by the time lost through the number of unnecessary attendances which clinics on school premises invariably attract, simply because attendance is easy. Finally, the number of parents who take the trouble to accompany their child to the clinic is much smaller.

Attendances at the inspection clinics numbered 7,981 compared with 7,540 in the previous year. The attendances made for treatment showed a big increase, from 4,432 to 6,087. The amount of treatment undertaken at the minor ailment treatment centre has shown a steady growth in recent years, necessitating in 1946 the establishment of the post of clinic attendant to assist the clinic nurse. The very big increase this year may be partly attributable to the crowded surgeries of general practitioners following the introduction of the National Health Service Act.

### 4. UNCLEANLINESS AND VERMINOUS CONDITIONS.

It is gratifying to be able to say that despite the increased number of children on the school rolls the incidence of these conditions has continued to decline since the end of the war. The total number of examinations by the school nurses was 39,208, compared with 33,952 in the previous year, but the number of individual children found to be unclean was 507 compared with 587.

Only 37 children were treated for scabies at the school clinic, compared with 88 in 1947 and 241 in 1946.

It was not necessary to resort to legal proceedings or compulsory cleansing during the year.

Treatment facilities for scabies and verminous conditions are freely available at the School Clinic.

## 5. SPECIAL CLINICS.

(a) *Dental Clinics.* The two dental surgeries at the School Clinics were in use throughout the year. Plans were completed for an additional clinic at Burnham Road, Leigh, the intention being to recruit an additional dental surgeon and to equip the new clinic at an early date. These plans were not proceeded with because it was realised that there was no hope of making the appointment until there had been agreement about new salary rates for dental officers.

The figures for every category of dental treatment once more showed an increase, particularly the orthodontic work. 167 orthodontic appliances and 25 dentures were supplied to school children.

The following Table shows the work undertaken during the year on behalf of the Health Committee in respect of expectant mothers, pre-school children, tuberculosis patients, and mental defectives.

	<i>Ante-natal</i>	<i>Infant Welfare</i>	<i>Tuberculosis</i>	<i>Mental Defective</i>
No. of patients treated ...	468	189	5	11
Extractions ... ...	703	232	5	41
Fillings ... ...	244	56	—	2
Scalings ... ...	58	—	—	—
Dressings ... ...	158	40	—	—
Dentures fitted or repaired	—	—	3	—

(b) *Eye Clinic.* The Clinic at the Municipal Health Centre was held twice weekly as heretofore, and the arrangements whereby Dr. G. Foster Smith conducted an additional session approximately once a week, were continued.

There was again a small increase in the total number of attendances from 1,923 to 2,056, and the number of children who received treatment for errors of refraction increased from 547 to 910.

There is a marked discrepancy between the number of children for whom spectacles were prescribed, namely 603, and the 317 who were known to have obtained them. This is due in part to the lengthy waiting period for glasses supplied under the National Health Service Act arrangements. It is however, also partly attributable to incomplete information. Under the previous arrangements parents were unable to obtain a refund of the cost of spectacles until the glasses had been

checked by the Ophthalmic Surgeon. Under the National Health Service arrangements an increasing number of children do not return to the Eye Clinic when they have obtained their glasses. This is a most unfortunate and retrograde development.

Reference was made last year to the lack of facilities for orthoptic treatment in Southend. The need grows with the passage of time and it is hoped that discussions with the Hospital Board can be begun before long. In the meantime the Board have agreed to accept responsibility for supplying cheirosopes on loan to school children when recommended by the Ophthalmic Surgeon.

Operative treatment of squint is provided at Southend General Hospital. There are few beds available in the ophthalmic ward and the waiting list is unfortunately very long, the suspension of treatment during the poliomyelitis epidemic of 1947 having created a problem for the Management Committee.

(c) *Ear, Nose and Throat Clinic.* Ever since the war this clinic has been held once weekly at the out-patient department at Southend General Hospital; this arrangement was continued unaltered under the new regime.

Operative treatment was provided for 361 children suffering from adenoids and chronic tonsillitis, compared with 239 in the previous year.

Details of out-patient attendances at the clinic are incomplete as no separate record of attendances of school children was kept by the hospital after July 5th.

The number of children submitted to tonsil and adenoid operations remains fairly high, despite the conservative attitude of the medical officers — which is fully shared by the consultant surgeon. It would be valuable, when circumstances permit, to arrange for the complete investigation of the "tonsil" child and his environment before resort is had to surgical intervention and there seems no reason why, by agreement between the Regional Board, the Management Committee and the L.E.A., this should not be done, in close association with the school health service.

(d) *Orthopaedic Clinic.* With the support of Mr. B. Whitchurch Howell, the consultant orthopaedic surgeon, the consent of the Regional Hospital Board was obtained to the continuation of the special quarterly clinic for school children at the physiotherapy department of Southend General Hospital. Children who require to be seen intermediately attend the ordinary out-patient clinics, but considerable importance is attached to the maintenance of the special quarterly sessions attended solely by children from the school health service and the maternity and child welfare clinics.

There were 403 attendances of school children during the year, of whom 13 received orthopaedic in-patient treatment at Southend General Hospital.

The responsibility of the Local Education Authority for the supply of orthopaedic appliances ceased in July, but the arrangements whereby the instrument maker attends at the hospital and the consultant surgeon passes the appliance after it has been supplied, remained unaltered.

A child who is wearing minor adaptations to ready-made footwear such as wedges or metatarsal bars, frequently requires, on account of wear, to have the appliance renewed before he is due to be seen again by the surgeon. In the past, parents were accustomed to take the shoes to the instrument maker responsible for the original modification, and either to pay the small amount involved themselves, or claim a refund from the Authority. Under the National Health Service the free supply of appliances requires that they shall be prescribed on each occasion by or on behalf of the consulting surgeon. In consultation with Mr Whitchurch Howell the Regional Hospital Board agreed that orders for the renewal of minor adaptions previously prescribed by the consulting surgeon may be given by the school medical officer on behalf of the Hospital Management Committee.

(e) *Speech Therapy Clinic.* This clinic which was re-opened in October 1947, continued in operation; 76 children were treated during the year, making a total of 1,256 attendances.

Of the 43 new admissions to the Clinic, 20 were stammerers, 18 had miscellaneous speech defects, and 1 a cleft palate. In addition 3 children with respiratory difficulties (asthma, etc.) were referred for breathing exercises and a partially deaf child was referred for instruction in lip reading.

Five children were referred from the child guidance clinic to the speech therapy clinic, and another five were referred from this clinic to the child guidance clinic.

The speech therapist attended on six sessions each week. Most of the work is undertaken at the Municipal Health Centre, but some sessions are held at schools when there are sufficient children in an area to form a homogeneous treatment group.

From the number of applications received and the size of the waiting list it appears that there is now sufficient work to justify the employment whole-time of a speech therapist.

(f) *Child Guidance Clinic.* With the appointment of Dr. Bevan Jones as psychiatrist the clinic once more had a complete staff, a happy state which came to an end after four months when Miss Bonniface educational psychologist, resigned. Her departure was a serious loss for her personal qualities and professional ability were much appreciated in the schools, and she had contrived with complete success to adjust herself to working with four successive psychiatrists of diverse outlooks and to maintain the work of the organisation during the periods when there was no immediate medical direction.

Mention should be made of the value of Miss Bonniface's assistance in the selection of homes and schools for difficult children, their super-

vision while so placed, and her genuine affection for and understanding of them. Furthermore her advice was both practical and imaginative, and her departure was regretted by all.

The psychiatrist attends for four sessions each week, and with the increasing demands on the clinic this could be increased. The psychiatrist is fully occupied with treatment sessions and the absence of an educational psychologist has meant that all the routine psychometric testing has had to be undertaken by the school medical officers, and has placed a considerable extra burden on the psychiatric social worker, Miss Freeman-Browne.

No further progress was made towards the provision of a hostel for maladjusted children, to the need for which reference has been made in previous reports.

The following is a summary of the work done at the clinic during 1948.

*Part-time Psychiatrist*

Interviews with children	...	...	...	...	449
Interviews with parents	...	...	...	...	454
Interviews with head teachers, probation officers, and others	...	...	...	...	36

*Psychiatric Social Worker*

Interviews with parents	...	...	...	...	350
Interviews with parents for juvenile court	...	...	...	...	1
Interviews with children	...	...	...	...	217
Visits to schools	...	...	...	...	37
Home visits	...	...	...	...	196
Visits — other agencies — (e.g. probation office)	...	...	...	...	125

*Educational Psychologist*

Interviews with children at clinic	...	...	...	...	57
Interviews with children at school	...	...	...	...	138
Interviews with parents	...	...	...	...	64
Interviews with head teachers	...	...	...	...	121
Juvenile court cases seen at clinic	...	...	...	...	21
Interviews with probation officers, etc.	...	...	...	...	60

## FOLLOWING-UP AND WORK OF NURSES.

In addition to their routine cleanliness surveys in the schools the school nurses make follow-up visits to the homes of children found to have remediable defects at routine medical inspections, and in cases of infectious disease, uncleanliness, or other conditions of medical or social importance.

Pressure of work still prevented a complete follow-up of all defects found at routine inspection, attention being directed primarily to those cases in which the parent was not present at the inspection, and to the more urgent medical conditions.

The following table shows the work done by the nurses during the year:—

		No. of children	No. of visits
Chronic tonsillitis, adenoids, mouthbreathing, etc.	...	285	370
Squint or defective vision	...	151	190
Deformities	...	128	183
Verminous conditions	...	459	639
Infectious diseases	...	653	872
Contagious skin diseases	...	35	47
Malnutrition, neglect, etc.	...	30	39
Defective teeth	...	21	23
Tuberculosis	...	3	7
Other conditions, e.g. blepharitis, bronchitis, otorhoea, etc.	...	545	710
<i>Total</i>	...	2,310	3,080

### NURSERY CLASSES.

The nursery classes at the Open Air School, Bournemouth Park Road, and Thorpe School remained open during term-time throughout the year.

The health of the children was good and there was no abnormal incidence of infectious disease. The conditions are not ideal, since none of the premises was designed for nursery class use and all are attached to the infants' departments of primary schools, but they serve a useful purpose and all have waiting lists.

### HANDICAPPED PUPILS.

The incidence of the various categories of handicapped pupils was dealt with in some detail in the report for 1947.

The arrangements for the ascertainment of handicapped pupils remained unaltered. The development of the paediatric department at Southend General Hospital has resulted in an increase in the ascertainment of handicapped pupils, particularly in the delicate group, and the growth of the child guidance clinic has encouraged the ascertainment of the educationally subnormal. This more complete ascertainment only serves to accentuate the difficulty of dealing appropriately with these children; further reference to this is made below, in the section on special schools.

The ascertainment of educationally subnormal children was restricted by the absence of an educational psychologist in the latter half of the year, and there being only one assistant medical officer approved as a certifying officer for this category. It is hoped that this will be remedied in the future, as one of the assistant medical officers undertook an instructional course in October with a view to his recognition under Article 53 of the Regulations. The difficulty of securing vacancies in

pecial schools makes work because it is frequently necessary to apply to many schools before a child can be placed. Most schools have their own application forms which require information additional to that given on the standard report forms of the "H.P." series issued by the Ministry. When these multiple applications have to be made it may be necessary to see the child or his parents, or both, on several occasions. A uniform and comprehensive series of report forms for all categories of handicapped pupils would be most useful, provided all special schools could be persuaded to accept them.

In future developments it is hoped to enlarge the association of specialist consultants with the ascertainment and treatment of handicapped pupils. The Committee have approved in principle proposals for the direct association of a consultant paediatrician with the Day Open Air School when it is re-opened. At the present time there are facilities for audiometric testing in Southend, and in the ascertainment of the deaf and partially deaf much valuable help has been received from Dr. C. S. Hallpike, consulting aural physician to the National Hospital, Queen Square, to whom a number of children have been referred. Prior to July 5th two children were provided with hearing aids by the authority, on the recommendation of Dr. Hallpike.

## ECIAL SCHOOLS.

Difficulties attendant upon the shortage of accommodation in special schools were reported in last year's report, and the situation was easier in the year under review.

From the standpoint of the individual child the most serious difficulty is the placing of the child with a severe handicap such as blindness or deafness, or the child with multiple defects, but happily these are relatively few in number, and the most important local problem is the need for re-opening the Day Open Air School.

The need for enlargement, or replacement, of the Day Special School for educationally subnormal children grows more acute, and the situation is aggravated by the insufficiency of special classes for the higher grades of educationally subnormal children in the ordinary schools.

The following table shows the number of children maintained during the year in residential special schools not provided by the authority:—

### BLIND AND PARTIALLY SIGHTED

	<i>Boys</i>	<i>Girls</i>
Chorleywood College ... ... ... ...	—	2
Royal London Society for Training the Blind ...	—	1
Sunshine Home, East Grinstead ... ...	1	—
West of England School for the Partially Sighted ...	1	1
Dorton House, Aylesbury ... ... ...	1	—
Brighton School for Partially Sighted Boys ...	1	—
Barclay School for Partially Sighted Girls ...	—	2

One child appears twice in the above table, having been transferred during the year from the Royal London Society's School to the Barclay School.

DEAF AND PARTIALLY DEAF			<i>Boys</i>	<i>Girl</i>
Oak Lodge School for the Deaf	...	...	—	1
Royal School for the Deaf, Margate	...	...	4	2
Royal Institution for the Deaf, Derby	...	...	—	3
Rayners' School, Penn.	...	...	1	—
Royal School for the Deaf & Dumb, Martley, Worcester	...	...	1	—
Northern Counties Institution for the Deaf	...	...	1	1

Two children appear twice in the above table, having been transferred during the year from the Northern Counties Institution to the Royal School, Margate.

EDUCATIONALLY SUBNORMAL			<i>Boys</i>	<i>Girl</i>
Beacon School, Lichfield	...	...	2	—
Royal Eastern Counties Institution	...	...	1	—
Littleton House, Girton	...	...	2	—
Monyhull School, Birmingham	...	...	—	1
All Souls School, Pield Heath	...	...	—	1

PHYSICALLY DEFECTIVE AND DELICATE			<i>Boys</i>	<i>Girl</i>
Meath Home Hospital School	...	...	—	1
Etherington Hall, Speldhurst	...	...	—	2
Hinwick Hall, Wellingborough	...	...	2	—
Hurst Lea, Sevenoaks	...	...	1	—
St. Catherine's Home, Ventnor	...	...	4	—
St. Patrick's, Hayling Island	...	...	—	1
Palace School, Ely	...	...	—	1
Cheyne Hospital, Sevenoaks	...	...	1	—
St. Vincent's Open Air School, St. Leonards	...	...	—	1
New Place, Porlock	...	...	—	1
Hawkenbury Convalescent Home	...	...	2	—
Heritage Craft Schools, Chailey	...	...	1	—
Coney Hill School, Margate	...	...	1	—
West Wickham Heart Hospital	...	...	—	1
Port Regis Open Air School, Broadstairs	...	...	—	1

One child appears twice in the above table, having been transferred from Meath Home to Port Regis Open Air School.

EPILEPTIC			<i>Boys</i>	<i>Girl</i>
Lingfield Colony	...	...	...	—

MALADJUSTED			<i>Boys</i>	<i>Girl</i>
Chaigeley Manor	...	...	...	—
Walton Elm School	...	...	—	2

## TRAINING OF DISABLED PERSONS.

Eight students attending courses of instruction at the Municipal College under the Ministry of Labour's scheme for the training of disabled persons, were medically examined.

Examination under this scheme is entirely voluntary and it is found that the majority of the students do not avail themselves of the opportunities afforded by medical examination.

## UVENILE EMPLOYMENT.

231 boys and 23 girls were examined for regular juvenile employment. Of these 40 boys and 3 girls were pupils at grammar schools. In addition 32 girls were examined for temporary theatrical licences.

No child was found unfit for employment. The favourite juvenile employment is still the delivery of newspapers.

## PRIMARY AND SECONDARY SCHOOLS.

RETURN OF MEDICAL INSPECTIONS:—YEAR ENDED 31ST DECEMBER, 1948.

TABLE I.

### A. PERIODIC MEDICAL INSPECTIONS.

*Number of Inspections in the prescribed Groups:*—

Entrants	...	...	...	1,551
Second Age Group	...	...	...	1,722
Third Age Group	...	...	...	1,119
Total	...	...	...	4,392

*Number of other Periodic Inspections* ... —

### B. OTHER INSPECTIONS.

Number of Special Inspections	...	7,422
Number of Re-Inspections	...	5,726
Total	...	13,148

### C. PUPILS FOUND TO REQUIRE TREATMENT.

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table II A (3)	Total individual pupils (4)
Entrants	22	147	165
Second Age Group	117	—	236
Third Age Group	83	73	153
Other Periodic Inspections	—	—	—
Grand Total	222	346	554

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR  
ENDED 31ST DECEMBER, 1948.

Defect Code No.	Defect or Disease (1)	Periodic Inspections		Special Inspections	
		No. of defects		Requiring treatment (2)	No. of defects (5)
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment (3)		
4	Skin .. ..	14	19	654	47
5	Eyes— a. Vision .. b. Squint .. c. Other ..	222	231	1329	41
6	Ears— a. Hearing .. b. Otitis Media .. c. Other ..	7	2	22	—
7	Nose or Throat ..	55	96	23	36
8	Speech ..	16	9	161	8
9	Cervical Glands ..	1	1	211	10
10	Heart and Circulation ..	2	33	39	31
11	Lungs .. ..	9	80	8	11
12	Developmental :— (a) Hernia .. (b) Other ..	4	20	112	119
13	Orthopaedic :— (a) Posture .. (b) Flat foot .. (c) Other ..	11	72	5	1
14	Nervous system :— (a) Epilepsy .. (b) Other ..	—	3	11	8
15	Psychological :— .. (a) Development .. (b) Stability ..	131	32	2	—
16	Other .. ..	30	80	75	2
				285	23
				6	4
				9	22
				3	3
				146	6
				1340	389

**—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED  
DURING THE YEAR IN THE AGE GROUPS.**

Age Groups	Number of Pupils inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col 2	No.	% of col. 2	No.	% of col 2
(1) Entrants .....	(2) 1551	(3) 440	(4) 28.4	(5) 1082	(6) 69.7	(7) 29	(8) 1.9
Second Age Group	1722	604	35.1	1086	63.1	32	1.8
Third Age Group	1119	561	50.1	552	49.3	6	0.6
Other Periodic Inspections ..	—	—	—	—	—	—	—
Total	4392	1605	36.6	2720	61.9	67	1.5

**TABLE III.  
TREATMENT TABLES**

**GROUP I—MINOR AILMENTS:—**

*Number of Defects treated, or under treatment during the year.*

**Skin—**

**Ringworm—Scalp:**

(i) X-Ray treatment	...	...	...	...	—
(ii) Other treatment	...	...	...	...	—
Ringworm—Body	...	...	...	...	10
Scabies	...	...	...	...	37
Impetigo	...	...	...	...	182
Other skin diseases	...	...	...	...	282

**Eye Disease** ... ... ... ... ... 353

(External and other, but excluding errors of refraction, squint and cases admitted to hospital).

**Ear Defects** ... ... ... ... ... 337

**Miscellaneous** ... ... ... ... ... 1,073

(e.g. minor injuries, bruises, sores, chilblains, etc).

**Total** ... ... 2,274

(b) Total number of attendances at Authority's minor ailment clinics ... ... ... ... ... 6,087

**GROUP II—DEFECTIVE VISION AND SQUINT (excluding Eye Diseases treated as Minor Ailments—Group I):—**

					<i>No. of defects dealt with</i>
<i>Errors of Refraction (including squint)</i>	...	...	...	...	910
Other defects or diseases of the eyes (excluding those recorded in Group I)	...	...	...	...	41
<b>Total</b>	...	...	...	...	<b>951</b>

Number of Pupils for whom spectacles were

(a) Prescribed	...	...	...	...	603
(b) Obtained	...	...	...	...	317

**GROUP III—TREATMENT OF DEFECTS OF NOSE AND THROAT.**

					<i>Total number treated</i>
Received operative treatment—					
(a) for adenoids and chronic tonsillitis	...	...	...	...	361
(b) for other nose and throat conditions	...	...	...	...	16
Received other forms of treatment	...	...	...	...	60
<b>Total</b>	...	...	...	...	<b>437</b>

**GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.**

(a) No. treated as in-patients in hospitals or hospital schools	...	...	...	...	...	13
(b) No. treated otherwise, e.g. in clinics or outpatient departments	...	...	...	...	...	167

**GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.**

No. of pupils treated—

(a) under Child Guidance arrangements	...	...	125
(b) under Speech Therapy arrangements	...	...	76

TABLE IV.

## DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected by the Authority's Dental Officers:—					
	(a) Periodic age groups	...	...	...	...	5,449
	(b) Specials	...	...	...	...	3,250
	(c) TOTAL (Periodic and Specials)	...	...	...	...	8,699
(2)	Number found to require treatment					5,965
(3)	Number actually treated					5,638
(4)	Attendances made by pupils for treatment					9,784
(5)	Half-days devoted to:—					
	(a) Inspection	...	...	...	...	30
	(b) Treatment	...	...	...	...	948
	Total (a) and (b)					978
(6)	Fillings:—					
	Permanent Teeth	...	...	...	...	2,439
	Temporary Teeth	...	...	...	...	380
	Total					2,819
(7)	Extractions:—					
	Permanent Teeth	...	...	...	...	1,648
	Temporary Teeth	...	...	...	...	6,188
	Total					7,836
(8)	Administration of general anaesthetics for extraction					3,613
(9)	Other operations:—					
	(a) Permanent Teeth	...	...	...	...	3,397
	(b) Temporary Teeth	...	...	...	...	111
	Total (a) and (b)					3,508

TABLE V.

## INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by school nurses or other authorized persons	...	39,208
(ii)	Number of individual pupils found to be infested	...	507

